

FILED MAR 25 1948 318
Registration District No.

Primary Registration District No. 1003

100
17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 7628a S. Broadway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 7628a S. Broadway
(If rural, give location)

(e) Citizen of foreign country? _____
(Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME J. Henry Faust

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 15 year 1948 hour 5 minute _____ M.

21. I hereby certify that I attended the deceased from _____, 1930 to June 15, 1948
that I last saw him alive on June 15, 1948; and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: May 3 1878
(Month) (Day) (Year)

Immediate cause of death Acute Coronary Arteriosclerosis Duration 4 hrs

Due to Chronic Myocarditis 10 yrs

Due to _____

Other conditions 9/2
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

69	10	12	hr. min.
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Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Veterinarian

11. Industry or business 7628a S. Broadway

12. Name John Faust

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Mueller

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph V. Faust

(b) Address 7628a S. Broadway

17. (a) burial (b) Date thereof: 3/18/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olive Fendler Und. Co.

18. (a) Signature of funeral director J. J. Bredack

(b) Address 7420 Michigan Ave.

19. (a) MAR 16 1948 (b) J. J. Bredack
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (Specify means of injury)

23. Signature W. J. Lieb (M. D. or other) MD
Address 3605 S. Grand Date signed 3/16/48

3000 In Gift -

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed John M. Szamara

Licensed Embalmer No. 4343

P. O. Address J. Szamara Mc

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.