

FILED JAN 26 1950

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State File No. \_\_\_\_\_

358

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place township) <b>52 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>4519a No. Market St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4519a No. Market St.</b>				d. STREET ADDRESS (If rural, give location) <b>4519a No. Market St.</b>			
3. NAME OF DECEASED (Type or Print) <b>William</b>		a. (First)		b. (Middle)		c. (Last) <b>Fahien</b>	
4. DATE OF DEATH		(Month)		(Day)		(Year) <b>1950</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>May 2, 1897</b>	
9. AGE (In years last birthday) <b>52</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Custodian</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Hospital</b>			11. BIRTHPLACE (State or foreign country) <b>St. Louis Missouri</b>	
						12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John H. Fahien</b>			13b. MOTHER'S MAIDEN NAME <b>Wilhelmina Rosemann</b>			14. NAME OF HUSBAND OR WIFE <b>-----</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Jos. Balsano, 4519a No. Market St.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Melanoma Sarcoma</b>				INTERVAL BETWEEN ONSET AND DEATH <b>7 months</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <b>6-13-49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Metastatic Melanoma Sarcoma</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Missouri</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>9-2-</b> , 19 <b>49</b> , to <b>1-11</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>1-11</b> , 19 <b>50</b> , and that death occurred at <b>11:15 a. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W. E. Fahien</b> (Degree or title)				23b. ADDRESS <b>402 1/2 6683 Lullacrest Road</b>		23c. DATE SIGNED <b>1-12-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 14 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter's Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>JAN 13 1950</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Beiderwieden F.H. Inc. 1936 St. Louis Ave.</b>		

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD—Date - check of record

1030-12

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Walter Paulson*

Signed.....

Student Embalmer

Licensed Embalmer No. *4114*

P. O. Address *936 St. Louis Ave*

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.