

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6177
State File No. 1032

318

1003

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 3 Days.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings 4130			
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital				d. STREET ADDRESS (If rural, give location) 2505 High Ridge			
3. NAME OF DECEASED (Type or Print) a. (First) Emily		b. (Middle) Elizabeth		c. (Last) Fader		4. DATE OF DEATH (Month) (Day) (Year) January 31, 1950.	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH March 19, 1883	
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Mathew Ball		13b. MOTHER'S MAIDEN NAME Laura Hughes		14. NAME OF HUSBAND OR WIFE William C. Fader			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. William C. Fader 2505 High Ridge			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <i>Acute Peritonitis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) <i>Symphatic Leukemia</i> 1 Mo DUE TO (c) <i>Secondary anaemia</i> 1 Mo II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 2040			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <i>127</i> , 19 <i>50</i> , to <i>1-31</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>1/30</i> , 19 <i>50</i> , and that death occurred at <i>6:30a</i> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>R. M. Gevain M.D.</i>				23b. ADDRESS <i>4256 Warne Ave</i>		23c. DATE SIGNED <i>1/31/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial <input type="checkbox"/>		24b. DATE <i>2-2-50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Friedens Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>	
DATE RECD BY LOCAL REGISTRY <i>FEB 1 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Lasater</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Math Hermann & Son, Inc. 2161 E. Fair Ave.</i>			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Homer H. Dritz

Licensed Embalmer No. 3882

P. O. Address St. Louis, Mo.

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.