

FILED NOV 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40223

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>3634</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MICHIGAN</u> b. COUNTY <u>7210</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>TOWN JEFFERSON BRKS., MO.</u>		c. LENGTH OF STAY (In this place) <u>35 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DETROIT</u>		8	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADM HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>1532 PALLISTER AVENUE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARL</u>		b. (Middle) <u>M.</u>		c. (Last) <u>FAUST</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-7-51</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12-29-99</u>	9. AGE (In years last birthday) <u>51 YRS.</u>	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AIRPLANE MECHANIC</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>FREDONIA, NEW YORK</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOHN FABIAN FAUST</u>		13b. MOTHER'S MAIDEN NAME <u>ALBERTINA AUGUSTUS</u>		14. NAME OF HUSBAND OR WIFE <u>BERTHA FAUST</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WW-II</u>		16. SOCIAL SECURITY NO. <u>564404795</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS</u> ADDRESS			
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* (a) <u>RHEUMATIC HEART DISEASE</u> ANTECEDENT CAUSES (1) <u>RHEUMATIC HEART DISEASE</u> *Forbids conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>RHEUMATIC HEART DISEASE</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NODULAR CIRRHOSIS OF LIVER. PANCREATIC FAT NECROSIS.</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		416-X	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>VA</u>		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 <u>10-3-51</u> , 19 <u>51</u> , to <u>11-7-51</u> , 19 <u>51</u> , that I last saw the deceased <u>once on 11-7-51</u> and that death occurred at <u>2:45 Pm.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>VET ADM HOSP, JEFF BRKS, MO.</u>		23c. DATE SIGNED <u>11-8-51</u>	
24a. BURIAL, CREMATION, REMOVAL <u>BURIAL</u>		24b. DATE <u>11-9-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEM</u>		24d. LOCATION (City, town, or county) (State) <u>JEFF BRKS MO</u>	
DATE REC'D BY LOCAL REG. <u>11-8-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>8148 Broadway</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

2001 B MUF

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

Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

[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.