

STANDARD CERTIFICATE OF DEATH

42913

State File No. 11078

FILED JAN 10 1952

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11078

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
 c. LENGTH OF STAY (In this place) 50 Yrs
 d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY 2159
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0
 d. STREET ADDRESS (If rural, give location) 15 4742 Minnesota Avenue

3. NAME OF DECEASED
 a. (First) Eligius b. (Middle) Faveere c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)
Dec. 13, 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH
July 9, 1866

9. AGE (In years last birthday) 85

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Carpenter & Bricklayer

10b. KIND OF BUSINESS OR INDUSTRY
Bldg. & Repairs

11. BIRTHPLACE (State or foreign country)
Fichte, Belgium 4

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
John Faveere

13b. MOTHER'S MAIDEN NAME
Unknown

14. NAME OF HUSBAND OR WIFE
Mary Keune

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
Mrs. Adele Voitlein, 4742 Minnesota

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emphysema Bilis
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Atelectasis RT Lower Lobe
 DUE TO (c) Asthma Bronchial
 II. OTHER SIGNIFICANT CONDITIONS*
 Conditions contributing to the death but not related to the disease or condition causing death.
Cardiovascular Cord Syndrome

INTERVAL BETWEEN ONSET AND DEATH
YRS
1 DAY
4-5 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
Arteriosclerosis bronchial

20. AUTOPSY?
 YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
241X

22. I hereby certify that I attended the deceased from Oct 19, 1948, to Dec. 13, 1951, that I last saw the deceased alive on Dec 13, 1951, and that death occurred at 3:30A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
James A. Brand

23b. ADDRESS
2838 S. Grand

23c. DATE SIGNED
12-14-51

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE
Dec. 15, 1951

24c. NAME OF CEMETERY OR CREMATORY
Sunset Burial Park

24d. LOCATION (City, town, or county) (State)
St. Louis County, Missouri

DATE REC'D BY LOCAL REG.
DEC 14 1951

REGISTRAR'S SIGNATURE
Carl Smith, MO
278

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.

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

Dr. Elmer G. Graul,
2838 South Grand Ave.

1:00 - 3:00 EXCEPT THURSDAY

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 Delbert J. Krupin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.