

No. 390
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40174

State File No. _____

FILED DEC 12 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 10631

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 11 days		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital		d. STREET ADDRESS (If rural, give location) 16 3314 Wyoming 8	

3. NAME OF DECEASED (Type or Print)	a. (First) Louis	b. (Middle) E.	c. (Last) Favez	4. DATE OF DEATH (Month) (Day) (Year) 11/17/52
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 10, 1900	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt.	10b. KIND OF BUSINESS OR INDUSTRY Mo. State Employ. Service	11. BIRTHPLACE (City and State or Foreign Country) Highland, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Louis Favez	13b. MOTHER'S MAIDEN NAME Augusta Roman	14. NAME OF HUSBAND OR WIFE Mildred
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes WW #1	16. SOCIAL SECURITY NO. ----	17. INFORMANT'S SIGNATURE OR NAME Mildred Favez--	ADDRESS 3314 Wyoming St.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Ischemia		INTERVAL BETWEEN ONSET AND DEATH 8 months
	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. none		

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) —
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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? 2041
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22. I hereby certify that I attended the deceased from Nov-2, 1952, to Jan-17, 1953 that I last saw the deceased alive on Nov-16, 1952, and that death occurred at 3:15 a. m., from the causes and on the date stated above.

23a. SIGNATURE J. Earl Smith M.D.	(Degree or title)	23b. ADDRESS 5201 - 809 Grand	23c. DATE SIGNED 11-17-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/20/52	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Mausoleum	24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri
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DATE REC'D BY LOCAL REG. NOV 19 1952	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Helderle	ADDRESS 3634 Gravois
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Frank G. Dylane

Licensed Embalmer No. 27645

P. O. Address _____

W. L. Embino

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.