

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3068

State File No.

0548

FILED JAN 28 1953

318

1003

Registrar's No.

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 <u>MO.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS 2229</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CITY HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>22 1433 CASTLE LANE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATHERINE</u>		b. (Middle) _____		c. (Last) <u>FAUSEK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN-16-53</u>	
5. SEX <u>FE</u>		6. COLOR OR RACE <u>W/S</u>		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>MARR.</u>		8. DATE OF BIRTH <u>JUNE-17-1880</u>	
9. AGE (In years last birthday) <u>72YRS.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ENGLAND.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>ENGLAND.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>UNKNOWN GRIFFITH</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
13a. FATHER'S NAME <u>UNKNOWN GRIFFITH</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>ARTHUR FAUSEK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Arthur Fausek 1433 Castle Lane</u>			
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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Apoplexy</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) _____			
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? <u>33FX</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>125A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Walter Perry Chapman 3</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>1/19/53</u>	
24a. BURIAL OR CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN-19-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Matthews</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis, MO.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 19 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. E. J. Schmur 3125 LAFAYETTE</u> <small>(Licensed Embalmer's Statement on Reverse Side)</small>			

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 *Joseph Blalock*.....

Licensed Embalmer No. 21014.....

P. O. Address 3125 La Grange.....

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.