

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

V.S. No. 300
Rev. 10-48

FILED MAY 14 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

State File No. _____
Registrar's No. 4107

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Maternity Hosp.		e. STREET ADDRESS (If rural, give location) 5747 Lansdowne Ave. 2149					
3. NAME OF DECEASED (Type or Print) a. (First) Mildred b. (Middle) S. c. (Last) Faust			4. DATE OF DEATH (Month) (Day) (Year) 4 20 53				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 14, 1909	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer-Jacob		10b. KIND OF BUSINESS OR INDUSTRY Lashly (Atty)		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Charles Touzinsky		13b. MOTHER'S MAIDEN NAME Amelia Liska			
14. NAME OF HUSBAND OR WIFE Frank Faust		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.			
17. INFORMANT'S SIGNATURE OR NAME Frank Faust		ADDRESS 5747 Lansdowne Ave.					
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) Pulmonary infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Granulosa cell carcinoma of ovary with metastases 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 checked="" 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? 175X			
22. I hereby certify that I attended the deceased from April 19, 1953, to April 20, 1953, that I last saw the deceased alive on April 20, 1953 and that death occurred at 6:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE G. J. Vermillion, M.D.		(Degree or title) M. D.		23b. ADDRESS BARNES HOSPITAL			
23c. DATE SIGNED 4/20/53		24a. BURIAL / CREMATION, REMOVAL (Specify) Removal		24b. DATE Apr. 23, 1953			
24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.					
DATE REC'D BY LOCAL REG. APR 20 1953		REGISTRAR'S SIGNATURE C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser			
		ADDRESS 4228 S. Kingshighway Bl.					

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

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.....
Signature of Student Embalmer

Signed *Edwin A. M. Hermann*.....

Licensed Embalmer No. *3024*.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.