No. 300
10.48

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

FILED DEC 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44194

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11556

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): De Paul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Robertson 7
d. STREET ADDRESS (If rural, give location): 14 Hazelwood Ct. 4090

3. NAME OF DECEASED (Type or Print)
a. (First): Ervin
b. (Middle): H.
c. (Last): Fauth

4. DATE OF DEATH (Month) (Day) (Year): Dec 5 1953

5. SEX: Male 0

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 16 1898

9. AGE (In years last birthday): 55 — If under 1 year: Months –, Days 19; If under 24 hrs.: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Moss Tie Co.

11. BIRTHPLACE (City and State or Foreign Country): St. Louis Mo

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

13a. FATHER'S NAME: Wendelyn Fauth

13b. MOTHER'S MAIDEN NAME: Caroline Wiese

14. NAME OF HUSBAND OR WIFE: Lela Fauth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 488-05-6984

17. INFORMANT'S SIGNATURE OR NAME: Lela Fauth — **ADDRESS**: Robertson, Mo.

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fibrinous Caseous Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: Appx 10 yrs.

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. Bronchial Asthma — 1 wk.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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) –

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

21f. HOW DID INJURY OCCUR? 008X

22. *I hereby certify that I attended the deceased from* 11-21, 1953, *to* 12-5, 1953, *that I last saw the deceased alive on* 12-4, 1953, *and that death occurred at* 6:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M D Johnson M.D.
23b. ADDRESS: Ferguson Mo
23c. DATE SIGNED: 12-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/9/1953
24c. NAME OF CEMETERY OR CREMATORY: N. St. Marcus Cem.
24d. LOCATION (City, town, or county) (State): St. Louis County Mo.

DATE REC'D BY LOCAL REG.: DEC 7 1953
REGISTRAR'S SIGNATURE: J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: L. Ziegenhein & Sons 7027 Gravois

(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 Donald Berg, Student Embalmer No. 4863, working under my personal supervision.

Student Donald C Berg
Student Embalmer

Signed C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.