

FILED JUL 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20445**
Registrar's No. **4457**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Jennings		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 4148	
d. FULL NAME OF HOSPITAL OR INSTITUTION: De Paul Hospital				e. STREET ADDRESS (If rural, give location) 5720 Hodiamon			
3. NAME OF DECEASED (Type or Print) a. (First) Irene			b. (Middle) V.		c. (Last) Faeley		4. DATE OF DEATH (Month) (Day) (Year) May 17 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 14th 1911		9. AGE (In years last birthday) 43	UNDER 1 YEAR Months _____	10. UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and State or Foreign Country) General Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John B. Hagemann		13b. MOTHER'S MAIDEN NAME Mary Clark		14. NAME OF HUSBAND OR WIFE James C. Faeley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Faeley 5720 Hodiamon			
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) Coronary Lesion			INTERVAL BETWEEN DEATH AND REPORT 2 Mo
				ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) Pyelitis			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Adynamic Ileus			
19a. DATE OF OPERATION 7/2/54	19b. MAJOR FINDINGS OF OPERATION Calusatory Abstruction, Renels					20. AUTOPSY? YES <input checked="" 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? 5810			
22. I hereby certify that I attended the deceased from Jan 14th 1954 to May 17 1954 , that I last saw the deceased alive on May 16th 1954 , and that death occurred at 89 m., from the cause and on the date stated above.							
23a. SIGNATURE (Degree or title) Chas G. Buehler MD			23b. ADDRESS 607 Le Grand		23c. DATE SIGNED _____		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE May 20 1954	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.			
DATE REC'D BY LOCAL REG. MAY 18 1954	REGISTRAR'S SIGNATURE J. Cash Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McJohn Skogak & Son 5541 Riverview Blvd				

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.....

Licensed Embalmer No.

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.