

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25603

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 1664

1. PLACE OF DEATH a. COUNTY St. Louis		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 Jennings, Missouri		c. CITY OR TOWN Wellston, Mo d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION High Tower Nursing Home		e. STREET ADDRESS (If rural, give location) 5633 Hodiament Avenue.	

3. NAME OF DECEASED (Type or Print) Nellie			4. DATE OF DEATH (Month) (Day) (Year) July 11, 1954		
a. (First)	b. (Middle)		c. (Last)		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 30, 1888	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
-------------------------	----------------------------------	--	---	--	---------------------------	-------------------------	-------------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
---	--	---	--	--	--	---	--

13a. FATHER'S NAME Unknown Husch		13b. MOTHER'S MAIDEN NAME Unavailable		14. NAME OF HUSBAND OR WIFE Joseph Faupel, dec'd	
--	--	---	--	--	--

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. Nil		17. INFORMANT'S SIGNATURE OR NAME Arthur Faupel, 7141 Seymour		ADDRESS	
---	--	---------------------------------------	--	---	--	---------	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Cerebral Vascular Accident		4 days	
		ANTECEDENT CAUSES		Arteriosclerosis + Hypertension		years	
		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.					

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?	
---	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from 19 47, to July, 1954, that I last saw the deceased alive on July 7, 1954, and that death occurred at 3:05A m., from the causes and on the date stated above.

23a. SIGNATURE Lewis E. Littman, M.D. p. & Sedema, md		(Degree or title)		23b. ADDRESS 2400 E. North Grand Avenue		23c. DATE SIGNED 7/12/54	
---	--	-------------------	--	---	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-14-54		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
--	--	-----------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. 7/13/54		REGISTRAR'S SIGNATURE Heather B. Smith		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Honpe		ADDRESS 4700 Washington Blvd.	
--	--	--	--	--	--	---	--

(Licensed Embalmer) (Statement on Reverse Side)

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 *Paul A. Wadsworth*.....

Licensed Embalmer No. *472*.....

P. O. Address *Hann*.....

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.