

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28881

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7411

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5041 S. 37th St.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or Print) Martha Faour		a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Aug. 8, 1954			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED? WIDOWED, DIVORCED (Specify) WIDOWED			
8. DATE OF BIRTH June 15, 1888		9. AGE (In years last birthday) 66		10. UNDER 1 YEAR Months Days 11. UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) 4 Syria			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Geo. Unk.		13b. MOTHER'S MAIDEN NAME Unknown			
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME Salima Faour		17. ADDRESS 5041 S. 37th St.		18. CAUSE OF DEATH			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes mellitus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. myo cardis</u> <u>& Hypertension</u> DUE TO (c) <u>Ch. nephritis tubula</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 17/2/54	
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) <u>he</u>		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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>260x</u>		22. I hereby certify that I attended the deceased from <u>12. 20 53</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Aug 8/54</u> , and that death occurred at <u>4:30</u> m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>[Signature]</u>	
23b. ADDRESS <u>4523 S. Kingshighway</u>		23c. DATE SIGNED <u>8/10/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>8-9-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		25. ADDRESS <u>Southern Funeral Home 6322 S. Grand Blvd., St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>AUG 10 1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		(Licensed Embalmer's Statement on Reverse Side)			

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

DR. OC PFEIFER
4523 S Kingshighway
12 to 2 PM

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.....
Francis J. Wyland Jr

Licensed Embalmer No. 451

P. O. Address 6322 S

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.