

FILED NOV 29 1954

STANDARD CERTIFICATE OF DEATH

State File No.

38712

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

10410

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) ST. LOUIS Mo		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 3007 GASCONADE		e. STREET ADDRESS (If rural, give location) 3007 GASCONADE		2109	
3. NAME OF DECEASED (Type or Print)		a. (First) FRIEDA KATHERINE		b. (Middle) FAGUE	
c. (Last) FAGUE		4. DATE OF DEATH (Month) (Day) (Year) Nov. 12 1954			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH SEPT. 11 1905		9. AGE (In years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U-S-A		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	
13a. FATHER'S NAME PETER A. SCHACHNER		13b. MOTHER'S MAIDEN NAME KATHERINE STUMHOEFER		14. NAME OF HUSBAND OR WIFE WILLIAM D. FAGUE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME WILLIAM D. FAGUE	
18. CAUSE OF DEATH Enter 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of Rectum ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obstructive hydrocephalus Epinephrine Adrenal Inoperable Carcinoma of Rectum		INTERVAL BETWEEN ONSET AND DEATH about 1 year about 6 months	
19a. DATE OF OPERATION 10/27/54		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 154X	
22. I hereby certify that I attended the deceased from Oct 1, 1954, to Nov 12, 1954, that I last saw the deceased alive on Nov. 13, 1954, and that death occurred at 8:30 P. M., from the causes and on the date stated above.					
23a. SIGNATURE W.D. Fague		(Degree or title) M.D.		23b. ADDRESS 3606 Stairs Dr	
23c. DATE SIGNED 12/13/54		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE Nov. 17 1954	
24c. NAME OF CEMETERY OR CREMATORY RESURRECTION		24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo		25. FUNERAL DIRECTOR'S SIGNATURE J. Carl Smith M.D. Thomas Kutai 2906 Glenview	
DATE REC'D BY LOCAL REGISTRAR NOV 16 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		ADDRESS 2906 Glenview	

(Licensed Embalmer's Statement on Reverse Side)

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

MS
AUG 1 4 1959

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. 398
P. O. Address: St. Louis

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.