FILED OCT 18 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35480

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8553

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, give TOWNSHIP only) OR TOWN St.Louis — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Lemay 4870 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Missouri Baptist Hospital — Length of stay in 1b 14wks	d. STREET ADDRESS (If outside, give location) 157 W.Holden ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Elwood	Middle: H.	Last: Faudree Jr.
4. DATE OF DEATH	Month Day Year: September 14,1956		
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: November 13,1903
9. AGE (In years last birthday): 52	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office Worker	10b. KIND OF BUSINESS OR INDUSTRY: Cupples Co.	11. BIRTHPLACE (City and state or country): St.Louis,Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Elwood H.Faudree Sr.		14. MOTHER'S MAIDEN NAME: Carrie Widmer	
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.: 489-01-5381	17. INFORMANT Address: Mrs.Jeannine E.Faudree 157 W.Holden	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Spinal Cord Tumor

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Pneumonia

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 yr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-18-54, to 9-14-56 and last saw her/him alive on 9-14-56

Death occurred at 11.05 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert A. Woolsey Jr.	22b. ADDRESS: 6944 Chippewa	22c. DATE SIGNED: 9-1-5-56	
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: Sept.17,1956	23c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park	23d. LOCATION (City, town, or county) (State): 10100 Gravois Road
24. FUNERAL DIRECTOR ADDRESS: C.Hoffmeister U.&.L.Co. 7814 S.Broadway	25. DATE RECD. BY LOCAL REG.: SEP 17 1956	26. REGISTRAR'S SIGNATURE: J. Earl Smith M.D. M.J.B.	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lewis C. Hoffmen

Licensed Embalmer No. 38

P. O. Address 7814

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.