Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1958

STATE FILE NUMBER 2874

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1087

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
23 c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. John's Hospital — Length of stay in 1b	203 d. STREET ADDRESS (If outside, give location) 6822 Hancock — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Henry	Middle: J	Last: Faith	4. DATE OF DEATH Month: Jan Day: 28 Year: 1958
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Jan 22, 1879	9. AGE (In years ~~last~~ birthday): 79 — 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): retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Indiana	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME: Henry Faith	13b. MOTHER'S MAIDEN NAME: -----Jenkins	14. NAME OF HUSBAND OR WIFE: Amanthes		
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. 497-10-3536	17. INFORMANT: Amanthes Faith	Address: 6822 Hancock	

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Carcinomatosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma Gall Bladder

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 155.1

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 Jan '53, to Jan 28, 58 and last saw ~~her~~ him alive on Jan 28, '58. Death occurred at St Johns Hosp 3 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H H Seesener MD

22b. ADDRESS 6000 W Floussant

22c. DATE SIGNED Jan 29 58

23a. BURIAL, CREMATION, REMOVAL (Specify): removal	23b. DATE: 1/30/1958	23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem.	23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.
24. FUNERAL DIRECTOR ADDRESS: J L Ziegenhein & Sons 7027 Gravois	25. DATE RECD. BY LOCAL REG.: JAN 29 '58	26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Grand

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.