

JAN 23 1929

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

41288

1. PLACE OF DEATH

County Linn
Township Rock
City Rock

Registration District No. 409
Primary Registration District No. 4242

File No. 28
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Samuel Perci Faust

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Malissa Faust

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Feb 17 1903

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>25</u>	<u>10</u>	<u>10</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ind

10. NAME OF FATHER

Frank Faust

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Ind

12. MAIDEN NAME OF MOTHER

Marta Early

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Ind

14. INFORMANT (Address)

John Faust

15. FILED

12/25/28 Dr. W. R. Addie
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Dec 27 1928

17.

I HEREBY CERTIFY, That I attended deceased from 12-25, 1928, to 12-27, 1928 that I last saw him alive on 12-27, 1928 and that death occurred, on the date stated above, at 6:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Heart Disease
92A
ME

CONTRIBUTORY (SECONDARY)

Influenza
(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

Ind

IF NOT AT PLACE OF DEATH, DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. R. Addie, M. D.

12/28, 1928 (Address) Des Moines, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VICIOUS CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Forest Park

DATE OF BURIAL

12/29 1928

20. UNDERTAKER

Ind W. R. Addie

ADDRESS

Rock

N. B.—Physicians should state EXACTLY. PHYSICIANS should state CAREFULLY SUPPLIED. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH should be stated in plain terms, so that it may be properly classified.

75-10-10

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