

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

Do not use this space.

33570

1. PLACE OF DEATH

County..... Registration District No. 11
 Township..... Primary Registration District No. 1103
 City St. Louis (No. 5216A) Lansdowne St. _____ Ward) _____

File No. _____
 Registered No. 8829

2. FULL NAME

(a) Residence, No. 5216A Lansdowne St., 14 Ward. (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph Fausnie</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 19, 1859</u>				
7. AGE	YEARS <u>73</u>	MONTHS <u>4</u>	DAYS <u>12</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>				
MOTHER	13. NAME <u>John Feder</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bavaria</u>			
	15. MAIDEN NAME <u>Catherine Truttman</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>				
17. INFORMANT (ADDRESS) <u>Joseph Fausnie</u> <u>5216A Lansdowne ave</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Peter's (Pond)</u> DATE <u>10-4</u> '32				
19. UNDERTAKER (ADDRESS) <u>Tracy's Funeral Home</u> <u>7228 So. Kingshighway</u>				
20. FILED <u>OCT -3 1932</u> <u>Max C. Starkloff</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932, to Oct 1, 1932
 I last saw her alive on Oct 1, 1932 Death is said to have occurred on the date stated above, at 9:30 P.
 The principal cause of death and related causes of importance were as follows:
Acute Dilatation of the Heart
Apoplexy Cerebral
Hemorrhage
 Date of onset Oct 1, 1932

Other contributory causes of importance:
Bright's Disease 1929
Chronic myocarditis 1929
Malignant Hypertension 1929

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? 1

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Francis H. Weinel M. D.
 (Address) 3831 So. Kingshighway

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

3640 Blue Ocean