

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

Do not use this space.

41850

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1093
 City St. Louis (No. Barnes Hospital)

File No.
 Registered No. 10938
 St. Ward)

2. FULL NAME

Mochoy E. Faulstich
 (a) Residence, No. 1285 Delaware, Ward. St. Louis Mo.
 (Usual place of abode) (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 8 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2 1/2
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Mattoon (STATE OR COUNTRY) Illinois

FATHER 13. NAME Charles Souls

14. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lucinda Evans

16. BIRTHPLACE (CITY OR TOWN) Evansville (STATE OR COUNTRY) Indiana

17. INFORMANT Mrs. Ruth Van Antwerp (ADDRESS) 2117 68th Street

18. BURIAL, CREMATION, OR REMOVAL Lakewood Park PLACE DATE Dec 12 1937

19. UNDERTAKER Shppard Funeral Home (ADDRESS) 1163-69 Hamilton Ave

20. FILED DEC 10 1937 W. C. Starnes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-9-1937

22. I HEREBY CERTIFY, That I attended deceased from 11-26, 1932, to 12-9, 1932
 I last saw him alive on 12-9, 1932 Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic cholecystitis
Biliary calculi
126
127 B
82 A

Other contributory causes of importance:
cellulitis of back, bed sore
Edema of Brain

Name of operation none Date of
 What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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?
 If so, specify
 (Signed) Kenneth H. Bell, M. D.
 (Address) Barnes Hospital

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.

