

MAY 27 1936

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

Do not use this space. ✓

15790

1. PLACE OF DEATH

County St. LouisRegistration District No. 789Township CentralPrimary Registration District No. 6033

City

(No. 1441)Morton Ave

St.

Ward)

File No.

Registered No. 129

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>August F. Fause</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 11, 1872</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>1</u>
	DAYS <u>8</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. <u>At home</u>
	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)
Germany13. NAME
Don't know14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Germany15. MAIDEN NAME
Don't know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Germany17. INFORMANT
(ADDRESS) Mrs. F. W. Fause
1441 Morton Ave18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter's Cem. DATE April 2, 193619. UNDERTAKER
(ADDRESS) Geo. L. Pleitsh, Inc.
5946 O. Easton, 93420. FILED 4-21- 1936 W. A. Beecher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 193622. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1936, to Apr. 19, 1936I last saw her alive on Apr. 19, 1936. Death is saidto have occurred on the date stated above, at 2:45 p.m.

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

Acute Indigestion (Gastritis) Date of onset

Cirrhosis of Liver (Chronic)

Other contributory causes of importance
Biliary CalculusName of operation None Date ofWhat test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (injury), fill in also the following:

Accident, suicide, or homicide? No 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) Ray C. Kepton, M. D.(Address) 16122 Page Blvd

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.

