

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

Do not use this space.

17414

1. PLACE OF DEATH

County..... Registration District No. *443*
 Township..... Primary Registration District No. *1003*
 City *St. Louis* (No. *General Hosp.*)

File No.....
 Registered No. *4183*
 St. Ward)

2. FULL NAME

Anna Blush Faust
 (a) Residence, No. *#1 Portland Pl.* St. *12* Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Edward C. Faust*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 7 1875*
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 2 9

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
 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) *St. Louis* (STATE OR COUNTRY) *Mo.*

FATHER
 13. NAME *Adolphus Busch*
 14. BIRTHPLACE (CITY OR TOWN) *Germany* (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME *Lilly Antonen*
 16. BIRTHPLACE (CITY OR TOWN) *Germany* (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) *Leicester B. Faust #1 Portland Pl.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bellefontaine* DATE *Apr. 18 1936*

19. UNDERTAKER (ADDRESS) *Wagoner Mtd. Co. 34th Olive*

20. FILED *APR 16 1936* *J. P. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr. 16 1936*
 22. I HEREBY CERTIFY, That I attended deceased from *Apr. 4 1936* to *Apr. 16 1936*
 I last saw her alive on *Apr. 16 1936 at 4 AM* (Death is said to have occurred on the date stated above, at *6 AM*.)
 The principal cause of death and related causes of importance were as follows:

Ovarian cystic tumor (malignant?) Date of onset *from 10y. ago*
Primary seat of Cancer
 Other contributory causes of importance: *Peritonitis*
Terminal Pneumonia
Cerebrovascular

Name of operation *Cystectomy* Date of *Apr. 5 1936*
 What test confirmed diagnosis?..... 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? *No*
 If so, specify.....
 (Signed) *Hugo Thrautel*, M. D.
 (Address) *3720 Washington*

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.

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

Mr. George Washington
3rd & Exchange St.