972

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.

Copy

JUN 13 1936

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

791
1003

Do not use this space.

24254

File No.
Registered No. 5865

1. PLACE OF DEATH

County
Township
City St. Louis, Missouri (No. Alexian Bros. Hospital St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Edward Faes

(a) Residence, No. St., R R Ward. 951 Dammett St. St Louis Co.
(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: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30th, 1879

7. AGE: Years 56 | Months 10 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Laborer

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) Hermann, Missouri

FATHER

13. NAME Herman Faes

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

MOTHER

15. MAIDEN NAME Lena Walz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hermann, Missouri

17. INFORMANT William Faes
(ADDRESS) Hermann, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hermann, Mo. DATE June 6th, 1936

19. UNDERTAKER Ruediger Undertaking Co.,
(ADDRESS) Hermann, Missouri

20. FILED JUN 5 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3rd, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:30 P.

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

Strangulation from hanging by leather belt attached to steam-pipe at Alexian Bros. Hospital, 6/3/36, at abt. 11:10 P.M.

Date of onset

Other contributory causes of importance: 165

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

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

Accident, suicide, or homicide? Suicide Date of injury 6/3, 1936

Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury All above

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.

(Signed) Harold [illegible], M. D.

(Address) Coroner's Court

100M-3-28-35