

AUG 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City. St. Louis Mo

(No. Barnes Hospital.

File No. 28066

Registered No. 6804

St. Ward)

2. FULL NAME

(a) Residence, No. #1 Portland Pl 17 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

Male

4. COLOR OR RACE

White

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

Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Anna Busch Faust.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 13, 1868

7. AGE

YEARS

68

MONTHS

5

DAYS

22

IF LESS than 1
day, hrs.
or min.

OCCUPATION

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

Retired Brewer.

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)

St. Louis, Mo.

FATHER

13. NAME Anthony E. Faust.

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

Germany.

MOTHER

15. MAIDEN NAME Elizabeth Bischof.

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

Germany.

17. INFORMANT Mahlon B. Wallace, Jr.
(ADDRESS) Clayton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE BALLEFONTAINE DATE July 7, 1936

19. UNDERTAKER Wagoner and Co.
(ADDRESS) 3621 Olive St.

20. FILE JUL 6 1936

Registar. J. Bredeck

MEDICAL CERTIFICATE OF DEATH

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

July 5, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 6-24, 1936, to 7-5, 1936

I last saw her alive on 7-5, 1936 Death is said to have occurred on the date stated above, at 7:20 P. M.

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

Cardiac failure.
Renal lithiasis.

Date of onset

7/3/36

Other contributory causes of importance:

Generalized arteriosclerosis

Name of operation

Pyelotomy N. Date of 6/26/36

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?

If so, specify

(Signed) J. Bruce C. Martin, M. D.

(Address) Barnes Hospital

