

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

Do not use this space.

28876

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1123  
 Township Wash. H. H. H. Primary Registration District No. 6248B  
 City Koch Mo (No. Koch. Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Roland Faulstich  
 (a) Residence, No. 3022 St. Vincent St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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<br><u>Male</u>   | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Divorced</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (or WIFE-OF)                          |   |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 26 1906</u>                            |   |  |
| 7. AGE YEARS<br><u>30</u>   | MONTHS<br><u>2</u>  | DAYS<br><u>18</u>  |
|   |   | If LESS than 1 day, _____ hrs. or _____ min.                                 |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Waiter</u> |  |
|   | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Restaurant</u>      |  |
|   | 10. Date deceased last worked at this occupation (month and year) <u>April 1934</u>                       | 11. Total time (years) spent in this occupation <u>3</u>                     |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>                      |   |  |
| FATHER  | 13. NAME <u>Geo. Faulstich</u>  |  |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>  |  |
| MOTHER  | 15. MAIDEN NAME <u>Anna Kruse</u>   |  |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>  |  |
| 17. INFORMANT (ADDRESS) <u>Hospital Records</u>                                       |   |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stamton, Ill.</u> DATE <u>July 18 1936</u> |   |  |
| 19. UNDERTAKER (ADDRESS) <u>Peety Baros 3029 Lafayette</u>                            |   |  |
| 20. FILED <u>July 15 1936</u> <u>J. Mowry</u> Registrar.                              |   |  |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/14 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/1 1936, to 7/14 1936  
 I last saw him alive on 7/14 1936 Death is said to have occurred on the date stated above, at 6:45 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis Date of onset \_\_\_\_\_  
Tuberculosis of larynx  
" " Intestines

Other contributory causes of importance:  
 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? \_\_\_\_\_ 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) A. J. Steiner, M. D.  
 (Address) Koch Mo

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.

