

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. St. John's Hospital)

File No. 10120
Registered No. 2684
St. _____ Ward)

2. FULL NAME Leo J. Faust

(a) Residence, No. 4062 Flora Blvd. St. 17 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Irene Faust</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 25 1878</u>		
7. AGE YEARS <u>58</u>	MONTHS <u>2</u>	DAYS <u>16</u>
If LESS than 1 day, _____ hrs. or _____ min.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1 1937 to March 6 1937
I last saw him alive on Mar 6 1937 Death is said to have occurred on the date stated above, at 3 PM.
The principal cause of death and related causes of importance were as follows:
Date of onset

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Obstructive jaundice
Hepatic metastases

Other contributory causes of importance:
Post-operative shock
No atony in gall bladder
Name of operation Removal of gall bladder Date of 3/6/37
What test confirmed diagnosis? Cholesterol Was there an autopsy? Yes

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Michael Faust

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

15. MAIDEN NAME Mary Ambs

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

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 _____

17. INFORMANT Irene Faust
(ADDRESS) 4062 Flora Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Petre and Paul DATE March 9 1937

19. UNDERTAKER Paetz Brothers
(ADDRESS) 5029 Lafayette Ave

20. FILED MAR 8 1937 J. Brebeck Registrar.

24. Was disease of injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. M. Bailey M. D.
(Address) 620 Duquesne Bldg.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

590 - 3045

