DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38149

Registration District No. 791 1002 DEC 13 1939

Primary Registration District No.

Registrar's No. 9988

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: De Paul Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hours (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County St. Louis

(c) City or town South Kinloch NR (If outside city or town limits, write "RURAL")

(d) Street No. Hugo & Carson rd. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 48 years years.

3. (a) PRINT FULL NAME FERDINAND FASNACHT. 252

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice Fasnacht

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased November 5, 1866. (Month) (Day) (Year)

8. AGE: Years 73 y | Months 0 | Days 16 | If less than one day hr. min.

9. Birthplace ? (City, town, or county) Switzerland (State or foreign country)

10. Usual occupation Retired Landscape Gardner

11. Industry or business ?

FATHER
12. Name Samuel F. Fasnacht ?
13. Birthplace ? (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Anna Hirsche. ?
15. Birthplace ? (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant's own signature Mrs. Alice Fasnacht.

(b) Address Hugo 7 Carson Road.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-1939 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) NOV 22 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21st. year 1939 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 24 — 1939, to Nov 21 — 1939 that I last saw him alive on Nov 21 — 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr Myocarditis	1930
Due to	
Due to Chr Nephritis	1925
Arteriosclerosis	1920
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations none

Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Roy Johnson (M. D. or other)

Address Ferguson Mo Date signed 11-22-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Leonard W Kraeger, Registered Apprentice No. ....., working under my personal supervision.

Signed Leonard W Kraeger

Licensed Embalmer No. 2678

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.