DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9453

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 2936

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs. 5 mos. 10 days (Specify whether
In this community 38 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis, Mo. 10
(If outside city or town limits, write "RURAL")

(d) Street No. 3715 Hebert St
(If rural, give location)

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

3. (a) PRINT FULL NAME George Faist

3. (b) If veteran, name war NO

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased June 13 1901
(Month) (Day) (Year)

8. AGE: About Years 38 Months 9 Days 15 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Factory worker

11. Industry or business

FATHER
12. Name George Faist
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Gertrude Faist
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant's own signature [illegible]
(b) Address 3829 Lee Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 29 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens

18. (a) Signature of funeral director [illegible]
(b) Address 3934 N. 20th St.

19. (a) (Date received local registrar) MAR 29 1940 (b) J. F. Bradock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th, year 1940 hour 7:23 minute a.m. M.

21. I hereby certify that I attended the deceased from Nov. 1, 1940, to March 28, 1940 that I last saw him alive on March 28, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Edema 3-28-40	
Due to Cardiac failure 3-28-40	
Due to Chronic Myocardiris 11-1-39x	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Yes

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 Harry Boers (M. D. or other)
Address 5400 Arsenal St Date signed

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

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.