

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3503 Louisiana Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community 30 years
years, months or days)

3. (a) PRINT FULL NAME Mary Fauth

3. (b) If veteran, name war.....
 3. (c) Social Security No. none

4. Sex Female race White
 5. Color or race.....
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ben
 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased November 21 1868
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>72</u> | <u>9</u> | <u>12</u> | hr. min. |

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

10. Usual occupation Home

11. Industry or business.....

MOTHER FATHER {
 12. Name August Riethmeyer
 13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Ratgitl
 15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Fauth
 (b) Address 3503 Louisiana Ave
 17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof Sept 4 1941
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Heber Felder & Co.
 (b) Address 3634 Gravois Ave.
 19. (a) SEP 3 1941
(Date received local registrar) (b) J. Bedeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3503 Louisiana Ave.
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2
 year 1941 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from Dec. 1936 to July 1 - 1941
 that I last saw her alive on Aug 31, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
 Due to myocarditis Chronic

Other conditions Paralysis agitans
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy.....
 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?

While at work?.....
(Specify type of place) (e) Means of injury
 23. Signature Heber Felder (M.D. or other).....
 Address 3702 Gravois Date signed.....

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

20
17
9

FILED OCT 18 1941

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 *Frank J. Delaney*
Licensed Embalmer No. *19645*
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, fact should be so stated above.