

FILED NOV 13 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33966
Registrar's No. 3906

Registration District No. 379

Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 25 years 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles C. Faust
(b) If veteran, name war no (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Magdalen Faust 6. (c) Age of husband or wife if alive 78 1/2 years
7. Birth date of deceased December 29, 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Buffalo, New York
(City, town, or county) (State or foreign country)

10. Usual occupation Upholsterer

11. Industry or business _____

MOTHER FATHER { 12. Name John Faust
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name No Record
15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Faust
(b) Address 3324 Summit

17. (a) Removal (b) Date thereof 10/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Buffalo, New York

18. (a) Signature of funeral director Quirk & Tolin Co
(b) Address H. G. Co

19. (a) 10/20/41 (b) M. M. Cross
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3324 Summit
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17th
year 1941 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from 1922
_____, 19____ to October 17, 1941;
that I last saw him alive on October 16, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure
Duration 3 yrs.

Due to Arterio sclerotic Heart Disease 20 yrs.

Due to 93 D

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy Confirmed above Diagnosis

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 P. T. Bohan (M. D. or other) 0
Address Flaza Med. Bldg Date signed 10-17-41

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

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 *Harold W. Remy*
Licensed Embalmer No. *40970*

P. O. Address.....

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.