

S. No. 2  
 -1-4-41  
 5-17-39  
 X28390

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

4311

State File No. 1266

FILED MAR 17 1942  
 Registration District No. 1

Primary Registration District No. 1003

Registrar's No.

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

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:  
City Sanitarium 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 days  
(Specify whether  
 In this community 64yrs. 5mos. 20ds.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23000  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1546 So. 8th. St.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME EMIL FAES

3. (b) If veteran, name war.....  
 3. (c) Social Security No.....

4. Sex Male (M) 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife.....  
 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased August 20, 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>5</u>	<u>20</u>	hr. min.

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

10. Usual occupation None

11. Industry or business.....

MOTHER FATHER  
 { 12. Name unknown  
 { 13. Birthplace unknown Switzerland  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name unknown  
 { 15. Birthplace unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant John Faes  
 (b) Address 2012 Sidney St.

17. (a) Burial (b) Date thereof Feb. 11-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery  
 18. (a) Signature of funeral director W. C. Maydell  
 (b) Address 1926 Allen Ave.

19. (a) Feb 10 1942 (b) J. J. Predeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8,  
 year 1942 hour 2 minute 30 P. A. M.  
 21. I hereby certify that I attended the deceased from 2-3-42 19... to 2-8-42 19...  
 that I last saw h... er alive on 2-8-42 19...  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Pulmonary Tuberculosis (2-3-42x)

Due to.....  
 Due to.....  
 Other conditions (include pregnancy within 6 months of death)  
1st  
2nd

Major findings:  
 Of operations.....  
 Of autopsy No  
 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)  
 (c) Means of injury.....

23. Signature Paul T. Hartman (M. D. or other)  
 Address 5300 avenue Date signed 2-9-42

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**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..... *Benj. C. Duman* .....  
Licensed Embalmer No. *2272* .....  
P. O. Address..... *1826 Allen* .....

**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.**