S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8521

FILED APR 8 1942

Registration District No. 791

Primary Registration District No. 1100

Registrar's No. 2427

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

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: Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. 523 W. Logan Street.,
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 1

088
6
NR 3

3. (a) PRINT FULL NAME Louis Edward Faessler

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Ruth B. Faessler

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased August 17, 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	6	29	hr. min.

9. Birthplace Moberly (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Manufacturer

11. Industry or business Locomotives

FATHER
12. Name John Faessler 5
13. Birthplace Unknown (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Ruth B. Faessler 1
(b) Address Moberly, Missouri.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/16/42 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Missouri.

18. (a) Signature of funeral director Albert H. Hoppe Inc
(b) Address 4700 Washington Blvd.,

19. (a) MAR 17 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 16
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from Jan 10, 1942, to Mar 16, 1942
that I last saw him alive on Mar 16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral oedema

Due to Cerebral endarteritis

Due to

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

Major findings:
Of operations Mastoiditis

Of autopsy

Duration

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 [illegible] (M. D. or other)

Address 925 Frisco Bldg Date signed 3/16/42

(Licensed Embalmer's Statement on Reverse Side)

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 Albert H. Harper

Licensed Embalmer No. 1861

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.