

FILED APR 13 1942

1003

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. John's Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 weeks  
(Specify whether  
In this community 1 year  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4949 Park View  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from 2-17 1942 to 3-20 1942  
that I last saw him 1M alive on 3-19 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Pneumonia  
Due to Arterio Sclerotic  
Renal Disease

Duration

Other conditions.....  
(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 work place) (Specify means of injury)  
23. Signature [Signature] (M. D. or other)  
Address 3604 Valley Ln Date signed 3/24/42

3. (a) PRINT FULL NAME John W. Faupel

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Eva 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased Jan 30 1877  
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 20 If less than one day hr. min.

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

10. Usual occupation Merchant

11. Industry or business.....

12. Name Adam Faupel  
13. Birthplace Alsace  
(City, town, or county) (State or foreign country)  
14. Maiden name Isabelle Smith  
15. Birthplace Wheeling W. Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charlesn Faupel  
(b) Address 170 East Pearson Chicago  
17. (a) Cremation (b) Date thereof 3/21/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director E. CARL WHITE  
(b) Address 4759 Lindell  
19. (a) MAR 21 1942 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

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

20  
17  
9

009  
12 17  
9

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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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 Arnold W. Schoene  
Licensed Embalmer No. 3864  
P. O. Address St Louis

**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.**