

No. 2
1-2-43
5-17-39
1 X35697

FILED MAR 13 1944 318

Registration District No.

Primary Registration District No.

Registrar's No. 2069

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:
8233 Church Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
in this community.....
years, months or days)

3. (a) PRINT FULL NAME Louis Faszholz

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena Faszholz 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased August 12, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days 67 6 17 If less than one day
67 6 17 hr. min.

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

10. Usual occupation Receptionist

11. Industry or business Burkhardt Mfg. Co.

MOTHER FATHER { 12. Name Louis Faszholz
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Poppe
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lena Faszholz
(b) Address 8233 Church Road

17. (a) Burial (b) Date thereof March 4, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.
Address 1936 St. Louis Ave.

19. (a) MAR 2 1944 (b) J. F. Beiderwieden
(Date received local registration) (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. 8233 Church Road
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 29
year 1944 hour 10 minute..... P.M.

21. I hereby certify that I attended the deceased from Jan 10 1944 to Feb 29 1944
that I last saw him alive on Feb 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac dilatation - 6 hr.
Due to Flu - Lobes pneumonia 12 hr.
Due to Diabetes - 2 yr.

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 type of place) (c) Means of injury.....

23. Signature [Signature] (M. D. or other).....
Address 2201 N. Broadway Date signed 3-1-44

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..... *[Handwritten Signature]*

Licensed Embalmer No. *2737*

P. O. Address *1936 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.