

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15276
 Do not use this space.

FILED MAY 9 1944

1. PLACE OF DEATH
 (a) County Montgomery Registration District No. 233
 (b) Townshp Lyndhurst Primary Registration District No. 4813 Registered No. 4
 (c) City _____ (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 1 yrs. 2 mos. - 15 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louisa Ann Faulhaber
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-24-1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>86</u>	<u>11</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co Mo

13. NAME John C. Hessel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Freda Kerckhoff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (NAME) (ADDRESS) Mrs. Helen Baker
214 S. 1st St

18. BURIAL, CREMATION, OR REMOVAL PLACE New Cemetery DATE 2-18-44

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. B. Helle
214 S. 1st St

20. FILED April 7, 1944 Mrs. Virginia Norton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17-1944

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1944 to Feb 17 1944
 Last saw her alive on Feb 16 1944 Death is said to have occurred on the date stated above, at 12:30 m.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Date of onset _____

Other contributory causes of importance: arterio sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) A. J. Smith M. D.
 (Address) Middleton, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE-OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 5-8-44

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

Licensed Embalmer No. 1588

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, above space should be left blank.