

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Fairgrounds Park 3**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **54 years** (Specify whether years, months or days)
In this community **54 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3731 Lee Ave.**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Mr. Harry E. Faupel**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Mrs. Agnes Faupel** 6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **Oct. 22nd. 1894**
(Month) (Day) (Year)

8. AGE: Years **54** Months **0** Days **14** If less than one day hr. **0** min.

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

10. Usual occupation **Auto Painter**

11. Industry or business.....

12. Name **John Faupel**

13. Birthplace **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)

14. Maiden name **Lena Velber**

15. Birthplace **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Agnes Faupel**

(b) Address **3731 Lee Ave.**

17. (a) **Burial** (b) Date thereof **Nov. 9th '44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Hy. Leidner U. Co.**

(b) Address **2223 St. Louis Ave.**

19. (a) **NOV 8 1944** (b) **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11-6** day **1944**
year **1944** hour **7** minute **20 A.M.**

21. I hereby certify that I attended the deceased from **2-12 1940** to **11-2 1944**

that I last saw him alive on **11-2 1944** and that death occurred on the date and hour stated above.

Immediate cause of death.....

Incompetency of the mitral valve of the heart

Due to.....

Due to.....

Other conditions **Acute gastritis**

(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

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?.....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?.....

(Specify type of place) (e) Means of injury **1**

23. Signature **W. F. Marsh** (D. Cothran)

Address **7444 Delmar Blvd.** Date signed **11-6-44**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

0
1
9

over.

This allopathic diagnosis is made
by me for the purpose of this
Certificate only

Dr W T Marsh DC

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 John P. Buckholz
Licensed Embalmer No. 1674
P. O. Address 2223 St. Louis Ave

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.