S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 5 1944

Registration District No. 978

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 55847

Primary Registration District No. 1003

Registrar's No. 9919

1. PLACE OF DEATH:

(a) County

(b) City or town ST Louis , MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Isolation Hospital
(If not in hospital or institution, write street number or location)

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

In this community 1 Day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town ST Louis MO
(If outside city or town limits, write "RURAL")

(d) Street No. 2100 N. Broadway
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Arthur Faust

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 Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years about 65 years | Months | Days | If less than one day hr. min.

9. Birthplace unknown 4
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad work

11. Industry or business

MOTHER FATHER

12. Name ? unknown 6

13. Birthplace ? unknown 1
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace ? unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Viola Becktame

(b) Address 5600 Arsenal ST.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-44 (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

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

(b) Address 2223 St. Louis Ave.

19. (a) NOV 22 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16 year 44 hour 10 minute 55 P.M.

21. I hereby certify that I attended the deceased from 11/15/44, 19 44 to 11/16/44, 19 44 that I last saw him alive on 11/16/44, 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death Meningococcal meningitis — Duration

Due to

Due to 6

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature P. W. Maxwell (M. D. or other)

Address 5600 Arsenal Date signed 11-21-44

(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 John P. Bachholz

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.