S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17940

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 70

1. PLACE OF DEATH:

(a) County St Charles

(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1427 N. Third Street
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town St. Charles 92
(If outside city or town limits, write "RURAL")

(d) Street No. 1427 N. Third Street 2
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Henry Faeth

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 Widowed 2

6. (b) Name of husband or wife Fannie Wattjes

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

7. Birth date of deceased October 17, 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Adaville (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Retired

11. Industry or business .....

FATHER
12. Name Jacob Faeth
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Martha Nadler
15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Walter Faeth
(b) Address St Charles County, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Trinity Lutheran Cemetery Orchard Farm, Mo.

18. (a) Signature of funeral director Hackmann-Bowe
(b) Address 326 N 6th St. St Charles, Mo

19. (a) May 19, 1945 (Date received local registrar) (b) Ernst E. Paule (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1945 hour 11 minute 00 P.M.

21. I hereby certify that I attended the deceased from 3/15/45, 19..., to 5-16, 1945; that I last saw h— alive on 5-16, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Cardiac Decompensation	?
Due to Essential Hypertension	?
Generalized Arteriosclerosis	?
Due to Hypertensive heart disease	?
Other conditions Senility (Include pregnancy within 3 months of death)	?

Major findings:
Of operations .....
Of autopsy No 930

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? No (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature R. O. Hayden MD (M. D. or other)

Address St Charles, Mo Date signed 3/18-45

(Licensed Embalmer's Statement on Reverse Side)

1340

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 6-12-45

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 Arthur C. Bane

Licensed Embalmer No. 3254

P. O. Address St Charles Mo.

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.