V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2465

Registrar's No. 953

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: LUTHERAN HOSPITAL O
(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 O.A.

(c) City or town ST. LOUIS MO 1617
(If outside city or town limits, write "RURAL")

(d) Street No. 3967 UTAH ST. 9
(If rural, give location) 10

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

If yes, name country

3. (a) PRINT FULL NAME PAULA FAULSTICH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased JAN. 20. 1947
(Month) (Day) (Year)

8. AGE: Years — Months — Days 8 If less than one day hr. min.

9. Birthplace ST. LOUIS MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation ?

11. Industry or business ?

FATHER
12. Name FRED. FAULSTICH 0
13. Birthplace ST. LOUIS
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name EVELYN BRINKMANN
15. Birthplace ST LOUIS MO. A
(City, town, or county) (State or foreign country)

16. (a) Informant FRED FAULSTICH
(b) Address 3967 Utah ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 28.
(Month) (Day) (Year)
(c) Place: burial or cremation OLD S.S. PETER & PAUL

18. (a) Signature of funeral director Thos Lutes & Son
(b) Address 2906 Gravois Ave

19. (a) JAN 28 1947 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 27
year 1947 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 20, 1947, to Jan 27, 1947, that I last saw her alive on Jan 27-47, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Congenital obstruction of small bowel.
Duodenum ended in blind
Due to [illegible] 1 cc no connection with [illegible].
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above.. autopsy [illegible]

Duration

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

23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 1/28/47

(Licensed Embalmer's Statement on Reverse Side)

G.A.Gauen Univ. Club.Bld

G. O. GAUEN
University Club - Bed
1-4-430

not embalmed

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.....

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, fact should be so stated above.