

X47070

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

FILED MAY 9 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4417

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:
3429 So. Compton
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Life
(Specify whether years, months or days)
 In this community Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Godfried Fausek

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct. 8, 1865
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Stationery Eng.

11. Industry or business _____

12. Name John Fausek

13. Birthplace Bohemia
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Fausek

(b) Address 3429 So. Compton

17. (a) Burial (b) Date thereof 5/1/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul

18. (a) Signature of funeral director John L Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) MAY 9 1947 (b) J. F. Bredek
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(If outside city or town limits, write "RURAL")
 (c) City or town St. Louis
(If rural, give location)
 (d) Street No. 3429 So. Compton
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 29
 year 1947 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from JAN. 17
 1947 to April 29, 1947
 that I last saw him alive on Jan 15, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary
heart disease, chronic
hypertensive, senile
generally arteriosclerosis

Due to _____
 Due to _____
 Other conditions _____
(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? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature A. J. Merkein (M. D. number) 0
 Address 3507 Adams Date signed 4-30-47

1A

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 W. G. Peterson

Licensed Embalmer No. 3767

P.O. Address 7027 Gravois

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.