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5-17-49
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 30 1947

Registration District No. 116

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3020

State File No. 27277

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: St. Francis Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 3 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gasconade 37

(c) City or town Hermann 1
(If outside city or town limits, write "RURAL")

(d) Street No. 122 W. 5th St 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME GEORGE FAES

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 489-09-5132

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Ermelinda Voelkerding

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Dec. (Month) 12 (Day) 1893 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	8	3	hr. min.

9. Birthplace Hermann (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Electrical Lineman

11. Industry or business

FATHER
12. Name Charles Faes 0
13. Birthplace Hermann (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mary Neumann
15. Birthplace Little Berger (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Mrs. Geo. Faes
(b) Address Hermann, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. (Month) 19 (Day) 1947 (Year)
(c) Place: burial or cremation St. George Catholic Cem.

18. (a) Signature of funeral director Hugo H. Thiemer
(b) Address Hermann, Missouri

19. (a) 8/16/47 (Date received local registrar) (b) [signature] (Registrar's signature) 20

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15th year 1947 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug. 13, 47, 19, to Aug 15, 1947 that I last saw him alive on Aug 15, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Concussion
Concussion & Thorax
Fractured hips & ribs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 37

(b) Date of occurrence Aug 13, 47

(c) Where did injury occur? Owensville (City or town) Gasconade (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On electric line, fell off of a pole (Specify type of place)

While at work? yes (e) Means of injury [illegible]

23. Signature [signature] (M.D. or other) 0

Address Washington Mo 8/16/47 Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 29 1947

OCT 30 1947

OCT 31 1947

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 Hugo H. Blumer

Licensed Embalmer No. 3160

P. O. Address Hermann, Missouri

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.