No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1948

State File No. 2488

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 639

1. PLACE OF DEATH: [illegible]
(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 2913 — Chouteau
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 5 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2913a Chouteau ave 4
(If rural, give location) 18-
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joeana Faucett
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Col
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Henry Faucett
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased 2 (Month) 14 (Day) 1891 (Year)

8. AGE: Years 56 Months 11 Days 2 If less than one day hr. min.

9. Birthplace Memphis (City, town, or county) Tenn (State or foreign country)
10. Usual occupation House work
11. Industry or business
FATHER
12. Name Harry Ross
13. Birthplace (City, town, or county) Miss (State or foreign country)
MOTHER
14. Maiden name Alice Echols
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant LaVada Chandler
(b) Address 2913a Chouteau ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Gus Lowe
(b) Address 2930 Dickson St
19. (a) JAN 22 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st day 16th year 1948 hour 12:16 minute a. M.
21. I hereby certify that I attended the deceased from 1947 to 1/16, 1948, to, 19; that I last saw her alive on 1/13 48, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: myocarditis	6 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 L. R. Wentzel (M. D. or other) M
Address 2726 Chouteau Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 L. Hellard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard 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.