No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 22 1948

Registration District No. 510

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2489

Registrar's No. 433

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 1185 Hamilton
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1185 Hamilton
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Isbelle Faulkenberry

3. (b) If veteran, name war --

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James

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

7. Birth date of deceased Aug. (Month) 14 (Day) 1859 (Year)

8. AGE: Years 88 Months 5 Days 1 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Louis Nau
13. Birthplace Unknown (City, town, or country) Germany (State or foreign country)

MOTHER
14. Maiden name Josephine Unknown
15. Birthplace Unknown (City, town, or county) Penn. (State or foreign country)

16. (a) Informant Minnie Douglas
(b) Address 1185 Hamilton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director Wacker-Hildebrand
(b) Address 5634 Gravois Ave.

19. (a) JAN 15 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15 year 1948 hour 6 minute 10 A. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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 Alfred J. Perry (M. D. or other)

Address Deputy Coroner Date signed 1-15-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

mt

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 Robert C Wheeler

Licensed Embalmer No. 2178

P. O. Address St Louis 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.