

FILED MAY 18 1949

STANDARD CERTIFICATE OF DEATH

1003

State File No.

17235
3966

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo. (1)		c. LENGTH OF STAY (in this place) 1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		5 17 4 5	
d. FULL NAME OF HOSPITAL OR INSTITUTION Furman DeSloger Hospital				d. STREET ADDRESS (If rural, give location) 1034 e Allen			
3. NAME OF DECEASED (Type or Print) BELLE		a. (First)		b. (Middle) M.		c. (Last) FASZOLD	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		4. DATE OF DEATH (Month) (Day) (Year) 5-1-49	
8. DATE OF BIRTH 2-10-82		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Longtown Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Wm. Faszold		13b. MOTHER'S MAIDEN NAME Louise Shepping		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Susan Zitzman Pfeiffer, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of common bile duct - metastasis to liver DUE TO (b) DUE TO (c)				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 7 weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Tumor of rt breast				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 5D		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 170X				22. I hereby certify that I attended the deceased from 4-21-49, 10 to 5-1-49, 10, that I last saw the deceased alive on 5-1-49, 10, and that death occurred at 6:00 A.M., from the causes and on the date stated above.	
23a. SIGNATURE D.V. Rosta M.D.		(Degree or title)		23b. ADDRESS 1325 O. Grand St. Louis 4, Mo.		23c. DATE SIGNED 5-1-49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE May 5, 1949		24c. NAME OF CEMETERY OR CREMATORY St. Budgets Cem.		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.	
DATE REC'D BY LOCAL REG. MAY 3 1949		REGISTRAR'S SIGNATURE J. B. Sasater		25. FUNERAL DIRECTOR'S SIGNATURE Geo. L. Tucker, Cape Girardeau, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

max registrant primary of a resident

67517 6 Ave.

MAY 18 1949

JUN 16 1950

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Geo. L. Hughes

Licensed Embalmer No. *3008*

P. O. Address *Pacific 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.