

FILED DEC 27 1949

#56729

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42451**  
Registrar's No. **10604**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE			b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>St. Louis, Mo.</b>			c. LENGTH OF STAY (in this place) <b>Life</b>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1.</b>			d. STREET ADDRESS (If rural, give location) <b>25 305 LUCAS AVENUE</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>HENRY</b>			b. (Middle) <b>JOSEPH</b>			c. (Last) <b>FAENGER</b>		
4. DATE OF DEATH (Month) (Day) (Year) <b>December 9th, 1949</b>			5. SEX <b>M</b>			6. COLOR OR RACE <b>W</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>S</b>			8. DATE OF BIRTH <b>2-27-1900</b>			9. AGE (In years last birthday) <b>49</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>RETIRED</b>			11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS, MISSOURI</b>		
12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME <b>HENRY FAENGER</b>			13b. MOTHER'S MAIDEN NAME <b>MARY KASSEN</b>		
14. NAME OF HUSBAND OR WIFE			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Nil</b>			16. SOCIAL SECURITY NO. <b>489-28-7427</b>		
17. INFORMANT'S SIGNATURE OR NAME <b>John Faenger</b>			ADDRESS <b>1702 Dolman Street</b>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary TBC</b>					
			INTERVAL BETWEEN ONSET AND DEATH					
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>13</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <b>0-2-2-X</b>		
22. I hereby certify that I attended the deceased from <b>11/18/49</b> , to <b>12/9/49</b> , that I last saw the deceased alive on <b>12/9/49</b> , 19___, and that death occurred at <b>3:45am</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>W. Koehler M.D.</b>			23b. ADDRESS <b>1515 Lafayette Ave.,</b>			23c. DATE SIGNED <b>12/9/49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>			24b. DATE <b>12-12-49</b>			24c. NAME OF CEMETERY OR CREMATORY <b>OLD S S PETER AND PAUL</b>		
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MISSOURI</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>H. N. McLaughlin</b> ADDRESS <b>2301 Lafayette Ave</b>					
DATE REC'D BY LOCAL REG. <b>DEC 9 1949</b>			REGISTRAR'S SIGNATURE <b>J. B. Laster</b>					

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..... *E. W. Cooper*

Licensed Embalmer No. *3830*

P. O. Address *2801 Lafayette 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.