

FILED DEC 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36619

BIRTH NO.		REG. DIST. NO. 116	PRIMARY REG. DIST. NO. 2020	Registrar's No. 169
1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY FRANKLIN		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WASHINGTON		c. LENGTH OF STAY (In this place) 3 DAYS		
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST CLAIR		d. STREET ADDRESS (If rural, give location) 0360		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. FRANCES HOSPITAL		d. STREET ADDRESS (If rural, give location) "		
3. NAME OF DECEASED (Type or Print) a. (First) ALESA		b. (Middle) —		c. (Last) FAUSS
4. DATE OF DEATH (Month) (Day) (Year) NOV 14 1950				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN 23, 1874	9. AGE (In years last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ILLINOIS	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME CASPER AGNE		13b. MOTHER'S MAIDEN NAME MARY KLEPPINGER		14. NAME OF HUSBAND OR WIFE FRED FAUSS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mildred Martin ST. CLAIR 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis Cordis Vasculum Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4:21		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 11-11, 1950, to 11-24, 1950, that I last saw the deceased alive on 11-14, 1950, and that death occurred at 8:10 P. m., from the causes and on the date stated above.				
23a. SIGNATURE B. J. Stuhlman		23b. ADDRESS U.D. Union MO		23c. DATE SIGNED 11-16-50
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE NOV. 16, 1950		24c. NAME OF CEMETERY OR CREMATORY WATERLOO
24d. LOCATION (City, town, or county) (State) WATERLOO MONROE CO. ILLINOIS				
DATE REC'D BY LOCAL REG. Nov. 16, 1950		REGISTRAR'S SIGNATURE 99		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Emil Quenheini WATERLOO ILL.

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 3 1951

JAN 1 1951

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 20 1950

RECEIVED

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ben. H. Baldwin

Licensed Embalmer No. 2420

P. O. Address St. Louis Ill

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.