

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38634

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10224

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bernard Nursing Home.		d. STREET ADDRESS (If rural, give location) 5879 Clemens Ave	

3. NAME OF DECEASED (Type or Print) a. (First) KATHERINE b. (Middle) FAULHABER c. (Last) HOUX.			4. DATE OF DEATH (Month) (Day) (Year) Nov. 30 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 4	
8. DATE OF BIRTH DEC. 2 1861		9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	
11. BIRTHPLACE (State or foreign country) Kansas		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME George L. Faulhaber.		13b. MOTHER'S MAIDEN NAME Lillian Grimshaw.		14. NAME OF HUSBAND OR WIFE Edward Houx	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ernest S. Houx; 5879 Clemens Ave.,	
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18. CAUSE OF DEATH Enter only one on each line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct			DUE TO (b) Arteriosclerosis			1 week		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			DUE TO (c) Fracture of left hip			2 mos.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								

19a. DATE OF OPERATION 11-30-50		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis MO	
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21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fall	
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22. I hereby certify that I attended the deceased from Oct 1, 1950, to Nov. 30, 1950, that I last saw the deceased alive on Nov 29, 1950, and that death occurred at 9 A.M., from the causes and on the date stated above. J.W.

23a. SIGNATURE (Degree or title) Paul H. Webb M.D.		23b. ADDRESS 721 Olive St. St. Louis Mo		23c. DATE SIGNED 11-30-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 2 1950		24c. NAME OF CEMETERY OR CREMATORY J.B. Burdette		24d. LOCATION (City, town, or county) (State) Sedalia, Missouri	
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DATE REC'D BY LOCAL REG. NOV 30 1950		REGISTRAR'S SIGNATURE J.B. Burdette		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd;	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

VS FEB 23 1960

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Arnold W. Schoene

Signed.....
Student Embalmer

Licensed Embalmer No. *3864*

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.