

STANDARD CERTIFICATE OF DEATH

State File No. ....  
Registrar's No. ....

FILED JUL 26 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Lemay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Lemay</b>	
c. LENGTH OF STAY (in this place) <b>DOA</b>		d. STREET ADDRESS (If rural, give location) <b>4030 Mt. Olive Rd.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Alexian Bros. Hospital</b>			
3. NAME OF DECEASED (Type or Print) <b>Edna</b>		a. (First) <b>Edna</b>	b. (Middle)
		c. (Last) <b>Farwig</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 24 1951</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 8, 1917</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>33</b> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
11. BIRTHPLACE (State or foreign country) <b>St. Louis Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>0</b>	
13a. FATHER'S NAME <b>Gregory Wagner</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Schmaltz</b>	14. NAME OF HUSBAND OR WIFE <b>August Farwig</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>August Farwig 4030 Mt. Olive Rd.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION <i>Chronic thrombotic heart disease &amp; Auricular fibrillation</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>15 1/2 yrs. 9 mos.</b>	
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.			
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>H16X</b>	
22. I hereby certify that I attended the deceased from <b>Dec. 29, 1950</b> , to <b>6-24, 1951</b> , that I last saw the deceased alive on <b>6-22, 1951</b> , and that death occurred at <b>9 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>R. V. Paucel M.D.</b>		23b. ADDRESS <b>3720 Washington</b>	23c. DATE SIGNED <b>6-25-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>6/27/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lemay, Mo.</b>
DATE REC'D BY LOCAL REG. <b>JUN 26 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Braster</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fendler Und. Co. 7420 Michigan Av.</b>

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

R. V. Powell

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 Ronald O. Yehrike

Signed.....  
Student Embalmer

Licensed Embalmer No. 3917

P. O. Address.....

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.