

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26906**

FILED SEP 14 1951

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3719**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 824 West 71st Terrace	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) LEWIS	b. (Middle) WILLIAM	c. (Last) FAUST	4. DATE OF DEATH (Month) (Day) (Year) August 29 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 24, 1907	9. AGE (In years last birthday) 44
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer - Southwestern Bell Telephone Co.	10b. KIND OF BUSINESS OR INDUSTRY Telephone Co.	11. BIRTHPLACE (State or foreign country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William N. Faust	13b. MOTHER'S MAIDEN NAME Margaret Conway	13c. NAME OF HUSBAND OR WIFE Virginia B. Faust
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 486-03-9929	17. INFORMANT'S SIGNATURE OR NAME Mrs. David Hill	ADDRESS 7720 Sni. A. Bar. & Co.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 yrs 2 days 5 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Far advanced Pulmonary Tuberculosis and Terminal Bronchial Pneumonia DUE TO (b) Terminal Bronchial Pneumonia DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **20 Aug 1951**, to **29 Aug 1951**, that I last saw the deceased alive on **28 Aug 1951**, and that death occurred at **7:29 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Fred H. Lundgren	23b. ADDRESS 612 Professional Bldg	23c. DATE SIGNED 29 Aug 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE Aug 31, 1951	24c. NAME OF CEMETERY OR CREMATORY St. H. Newcomer's	24d. LOCATION (City, town, or county) (State) Kansas City Missouri
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DATE REC'D BY LOCAL REG. 8-31-51	REGISTRAR'S SIGNATURE Seraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE St. H. Newcomer's	ADDRESS bus Kansas City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Jess T. Hewes*.....

Licensed Embalmer No. *4453*.....

P. O. Address *75 James City*.....

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.