

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38966

FILED DEC 1 1951

State File No. 10453

318

1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10453		
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 town or township) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 826 Clara Avenue		
d. FULL NAME OF HOSPITAL OR INSTITUTION 826 Clara Avenue				d. STREET ADDRESS 826 Clara Avenue				
3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) L. c. (Last) FADEM			4. DATE OF DEATH (Month) (Day) (Year) Nov. 23, 1951					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 27, 1906		
9. AGE (In years last birthday) 45		10. MONTHS 6		11. DAYS 25		12. IF UNDER 18 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman, Retail			10b. KIND OF BUSINESS OR INDUSTRY Famous-Barr Co.			11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		
12. CITIZENRY OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jacob Fadem		13b. MOTHER'S MAIDEN NAME Edith Wolf		14. NAME OF HUSBAND OR WIFE Myrna Fadem		
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. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. H. L. Fadem-826 Clara Avenue				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary disease ANTECEDENT CAUSES Bundle branch block DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH Jan., 1951 3 yrs	
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) _____		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? H201						
22. I hereby certify that I attended the deceased from Jan. , 19 51 , to Nov. 23 , 19 51 , that I last saw the deceased alive on Nov. 21 , 19 51 , and that death occurred at 7:00 A. m., from the causes and on the date stated above.								
23a. SIGNATURE P. D. Stalder, M.D.				23b. ADDRESS 462 N. Taylor Ave.		23c. DATE SIGNED 11/23/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE 11/25/51		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE RECD BY LOCAL REGISTERAR'S SIGNATURE NOV 24 1951		FUNERAL DIRECTOR'S SIGNATURE Herma...		ADDRESS 5216 Federal				

WRITE PLAINLY—USING UNFADING 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 Victor B. Dubouillet

Licensed Embalmer No. 3691

P. O. Address Richmond Heights, 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.