

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38967**
Registrar's No. **10845**

FILED DEC 15 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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, MISSOURI		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WARRENTON, MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital.		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) HENRY c. (Last) FAHIEN			4. DATE OF DEATH (Month) (Day) (Year) 12 6 51		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 14 1896	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FLORIST		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. LOUIS MO.	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME JOHN H. FAHIEN		13b. MOTHER'S MAIDEN NAME WILHELMINA LOSEMAN		14. NAME OF HUSBAND OR WIFE ALICE FAHIEN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 492-0502818		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ALICE FAHIEN WARRENTON 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 HOURS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SUPERIOR MESENTERIC ARTERY THROMBOSIS		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ... AFFECTION OF ... FOR ... DUE TO (c) CARCINOMA OF LARYNX		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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 570.2H	

22. I hereby certify that I attended the deceased from 11/25, 1951, to 12/6, 1951, that I last saw the deceased alive on 12/6, 1951, and that death occurred at 12:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>E. D. Vannellor, M.D.</i>		23b. ADDRESS Barnes Hospital,		23c. DATE SIGNED 12/6/51	
24a. BURIAL, CREMATION, RITUAL (Specify)		24b. DATE DEC 10 1951		24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	
				24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO.	

DATE REC'D BY LOCAL REG. DEC 7 1951		REGISTRAR'S SIGNATURE <i>J. Carl Smith, MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F. H. INC. 1936 ST. LOUIS AVE	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3951 - 1115

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.

Signed *Delix J. Krupin*

Signed _____
Student Embalmer

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.