No. 300
10-48

FILED DEC 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38972

BIRTH NO. _____ REG. DIST. NO. 318 1003 PRIMARY REG. DIST. NO. 318 Registrar's No. 10309

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Deaconess Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: ~~St Louis~~
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
d. STREET ADDRESS (If rural, give location): 6661 Berthold

2147

3. NAME OF DECEASED (Type or Print)
a. (First): Emma
b. (Middle):
c. (Last): Faudi

4. DATE OF DEATH (Month) 11 (Day) 17 (Year) 51

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11/8/69
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 0 Days 9 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: XXX
11. BIRTHPLACE (State or foreign country): Pinckneyville, Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Wm. Timpner
13b. MOTHER'S MAIDEN NAME: Catherine Weigarth
14. NAME OF HUSBAND OR WIFE: Phillip H. Faudi

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.: XX
17. INFORMANT'S SIGNATURE OR NAME: P. W. Faudi — ADDRESS: 3929 McPherson

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Arteriosclerotic Cardiovascular Disease	?
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Generalized Arteriosclerosis	?
DUE TO (c)	Diabetes Mellitus	?
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 ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 2 leo X

22. *I hereby certify that I attended the deceased from* 10/6/51, *19*___, *to* 11/17/51, *19*___, *that I last saw the deceased alive on* 11/17/51, *19*___, *and that death occurred at* 3:25pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clarence E. Mueller M.D.
23b. ADDRESS: Missouri Theatre Bldg
23c. DATE SIGNED: 11/19/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11/20/51
24c. NAME OF CEMETERY OR CREMATORY: Hiram Park
24d. LOCATION (City, town, or county) (State): St Louis Missouri

DATE REC'D BY LOCAL REG.: NOV 20 1951
REGISTRAR'S SIGNATURE: J. Earl Smith M.D. W.B.
25. FUNERAL DIRECTOR'S SIGNATURE: Robert J. Ambruster Inc. — ADDRESS: 6633 Clayton Rd.

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest W. Spillars

Licensed Embalmer No. 4080

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.