

No. 300  
10. 48

FILED MAR 20 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10885

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST., NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 594

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. LENGTH OF STAY (in this place) <u>3 WKS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSPITAL</u>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>65 GLENDALE</u> <u>4651</u>	
		d. STREET ADDRESS (If rural, give location) <u>1367 MONIER DR</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Amelia</u>	b. (Middle)	c. (Last) <u>FAUST</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>3 3 52</u>

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED; DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>1-25-1882</u>	9. AGE (In years last birthday) <u>70</u>	# UNDER 1 YEAR <u>1</u>	YEAR <u>9</u>	# UNDER 24 HRS. <u></u>	HRS. <u></u>	MIN. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI D.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>August Hindrichs</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH-WEBER</u>	14. NAME OF HUSBAND OR WIFE <u>JOSEPH FAUST</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	(If yes, give year or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>EARL HINDRICHS</u>	ADDRESS <u>5721 GRAVOIS</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>suenees cinhosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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. <u>Hypertensive Cardiovascular disease</u>		<u>5811</u>	

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) (Min.)	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 2-11, 1952, to 3-3, 1952, that I last saw the deceased alive on 3-3, 1952, and that death occurred at 8:17 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. H. Schroyer, M.D.</u>	23b. ADDRESS <u>601 S. Brentwood Clayton</u>	23c. DATE SIGNED <u>3-4-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-6-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW ST. MARCUS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO</u>
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DATE REC'D BY LOCAL REG. <u>3-4-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke, MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>FAY B SMITH</u>	ADDRESS <u>7456 MANCHESTER-MAPLEWOOD</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.

Signed.....  
Student Embalmer

Signed.....

*J.P. Burgess*

Student Embalmer No.....

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.