

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29425

State File No. _____

SEP 8 - 1952

318

1003

8157

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>2249</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo</u>				0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>200 Zapp St</u>			d. STREET ADDRESS (If rural, give location) <u>24 200 Zapp St.</u>					
3. NAME OF DECEASED (Type or Print) <u>Minnie Faulstich</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH		(Month)	(Day)	(Year)				
<u>8</u>		<u>28</u>	<u>52</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-15-1864</u>		9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 24 Hrs. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HWK</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Bellville Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Stark</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Louis (Deceased)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Josephine Wamsganz 200 Zapp St.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-vascular-renal disease</u> ANTECEDENT CAUSES DUE TO (b) <u>Diabetes mellitus</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Additional Biermer anemia</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input 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? <u>260x</u>				
22. I hereby certify that I attended the deceased from <u>1914</u> , to <u>Aug. 26, 1952</u> , that I last saw the deceased alive on <u>8/26</u> , 1952, and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Geo. H. Mathae</u>			(Degree or title) <u>0</u>		23b. ADDRESS <u>3167 S. Grand Blvd.</u>		23c. DATE SIGNED <u>8/28/52</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-30-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Carmel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bellville Ill</u>			
DATE REC'D BY LOCAL REG. <u>AUG 28 1952</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith, M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Moydell Funeral Home 1926 Allen</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

D. Mathae
3167 So Grand

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 Dale A. Mathae

Licensed Embalmer No. 4533

P. O. Address 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.