

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26314

State File No. \_\_\_\_\_

FILED JUL 31 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6534

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>2mos.</u>		d. STREET ADDRESS (If rural, give location) <u>5444a Shreve</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res. 5444a Shreve</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u>		b. (Middle) <u>James</u>	
c. (Last) <u>Fague</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 30, 1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>March 21, 1910</u>
9. AGE (in years last birthday) <u>43 yrs.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Referriegeration Delmar</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Albert Fague</u>	
13b. MOTHER'S MAIDEN NAME <u>Lillian Short</u>		14. NAME OF HUSBAND OR WIFE <u>Irene Anderson Fague</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>WWI Yes</u>		16. SOCIAL SECURITY NO. <u>493-10-7209</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Irene Fague 5444a Shreve</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>Generalized carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of rectum</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>Sept 5 52</u>		19b. MAJOR FINDINGS OF OPERATION <u>as above</u>	
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) <u>154 X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. HOW DID INJURY OCCUR?	
21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>Sept 1952</u> to <u>3 June 1953</u> that I last saw the deceased alive on <u>29 June 1953</u> and that death occurred at <u>8:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Lewis J. Johnson</u>		23b. ADDRESS <u>634 No Grand</u>	
23c. DATE SIGNED <u>1 July 53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 3, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JUL 1 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. O. Alexander &amp; Sons</u>		ADDRESS <u>6175 Delmar</u>	
(Licensed Embalmer's Statement on Reverse Side)			

*Dr Lutzow*  
1114

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 *Jos. E. McCulloch*.....

Licensed Embalmer No. *2960*.....

P. O. Address *6175 Dillman*.....

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.