

FILED JUN 24 1954

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

20449

State File No.

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4587

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.		Registrar's No.	
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 OR TOWN ST. LOUIS, MISSOURI township) ST. LOUIS, MISSOURI			c. LENGTH OF STAY (in this place) 69 yrs		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4916 Finkman Ave.				STREET ADDRESS (If rural, give location) 16 3881 Alberta Ave					
3. NAME OF DECEASED (Type or Print) a. (First) MATILDA b. (Middle) (TILLIE) c. (Last) FAUDREE			4. DATE OF DEATH (Month) (Day) (Year) May 20, 1954						
5. SEX female /		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 2		8. DATE OF BIRTH Feb. 22, 1885		9. AGE (In years last birthday) 69	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) seamstress		10b. KIND OF BUSINESS OR INDUSTRY burial garments		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME CHARLES MEYER			13b. MOTHER'S MAIDEN NAME WILHELMINA BEWIG			14. NAME OF HUSBAND OR WIFE Dr. John G. Faudree, D.C.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Marcelle Mueller, 3881 Alberta Ave				
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) <i>Cardiac & Cirrhosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>scarcity of Liver</i> DUE TO (c) <i>hypertension</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>General debility</i>						INTERVAL BETWEEN ONSET AND DEATH 5 yrs 3 yrs 5 yrs	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 447X					
22. I hereby certify that I attended the deceased from 5-1-1954, to 5-20-1954, that I last saw the deceased alive on 5-19-1954, and that death occurred at 4:00 P. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) L. F. Murray M.D. 0				23b. ADDRESS 605-A-Russell Blvd			23c. DATE SIGNED 5-21-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 24, 1954		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. MAY 24 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. Inc., 1936 St. Louis Ave.				

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

Dr. L. F. Murray
605a Russell Ave.
11A.-2 pm
7 pm - 8 pm M-Th-Fr

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 _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 45-2

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.