

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 17 1954

State File No. 42375
Registrar's No. 11207

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <i>Missouri</i> b. COUNTY <i>Washington</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (in this place) <i>7 weeks</i>	c. CITY OR TOWN <i>Peteri</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1021A Franklin Ave</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Minnie</i> b. (Middle) <i>May</i> c. (Last) <i>Fauler</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Dec. 7 1954</i>	

5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>June 6 1881</i>	9. AGE (In years last birthday) <i>73</i>	If UNDER 1 Year Months <i>6</i> Days <i>1</i>	If UNDER 2 Hrs. Hours <i>1</i> Min.
10a. USUAL OCCUPATION (One's kind of work done during most of working life, even if retired) <i>House wif</i>		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and State or Foreign Country) <i>St. Francis Co. Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>

13a. FATHER'S NAME <i>Joseph Brumm</i>	13b. MOTHER'S MAIDEN NAME <i>Katherine Middleton</i>	14. NAME OF HUSBAND OR WIFE <i>Katherine Branham</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Katherine Branham</i>
		ADDRESS <i>St. Louis Mo</i>

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, asphyxia, 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) <i>Chronic myocardial</i>		<i>3 months</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>mitral regurgitation</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Epileptomia of nose.</i>			<i>3 yrs.</i>

19a. DATE OF OPERATION <i>none</i>	19b. MAJOR FINDINGS OF OPERATION <i>none</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>none</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>none</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>none</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>none</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>410xH</i>

22. I hereby certify that I attended the deceased from *Apr 10, 1954* to *Dec 7, 1954*, that I last saw the deceased alive on *12/7/54*, 1954, and that death occurred at *8:30 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>John B. Canoga M.D.</i>	(Degree or title)	23b. ADDRESS <i>2105 So Broadway</i>	23c. DATE SIGNED <i>12/7/54</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>12-9-54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Masonic Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Peteri Mo</i>

DATE REC'D BY LOCAL REG. <i>DEC 9 1954</i>	REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Mr. Luther Spraker</i>	ADDRESS <i>Peteri Mo</i>
---	---	---	-----------------------------

(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.....
Signature of Student Embalmer

Signed *Murphy Sparks*
Licensed Embalmer No. *423*
P. O. Address *Shelton, W. Va.*

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.