

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 6 - 1956

State File No. 11766

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 668

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jennings</b>		c. LENGTH OF STAY (If this place) <b>3 days</b>		c. CITY OR TOWN <b>9 TOWN St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>High Tower Nursing Home</b>				e. STREET ADDRESS (If rural, give location) <b>2127a Alice Ave. 2099</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>LOUISA</b>			b. (Middle) <b>A.</b>		c. (Last) <b>FAGUE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 9. 1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Mar. 11. 1881</b>		9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>John G. Walter</b>			13b. MOTHER'S MAIDEN NAME <b>Ida Merz.</b>		14. NAME OF HUSBAND OR WIFE <b>George E. Fague</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Marcella Moser 2127a Alice Ave.</b>					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma rectum</b>				INTERVAL BETWEEN ONSET AND DEATH <b>four yrs</b>	
				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. <b>arteriosclerosis</b>				<b>Unknown</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		<b>154X</b>			
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?				
22. I hereby certify that I attended the deceased from <b>Mar 5, 1956</b> to <b>Mar 9, 1956</b> , that I last saw the deceased alive on <b>Mar 7, 1956</b> , and that death occurred at <b>9:05 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Louise Littmann MPl</b>				23b. ADDRESS <b>8231 Clayton Rd (17)</b>		23c. DATE SIGNED <b>3/9/56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Mar. 12. 56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>				
DATE REC'D BY LOCAL REG. <b>3-9-56</b>		REGISTRAR'S SIGNATURE <b>Berbert R. Dombey MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stock Mortuary</b>		ADDRESS <b>2117 E. Grand.</b>			

---

---

**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..... *Paul A. Wachter*.....

Licensed Embalmer No. *478*

P. O. Address *St. Louis*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (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.