

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 10 1959

59-027614

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2108

DEED

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| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Berkeley City</b>               | Length of stay in 1b <b>11 days</b>  | c. CITY OR TOWN <b>ST LOUIS</b><br><b>Jennings</b>   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Penn Nursing Home</b> | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS <b>5833 Hamilton Avenue</b>  | (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|--|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Lena</b> Middle <b>Faszholz</b> Last <b>Faszholz</b> |  |  | 4. DATE OF DEATH<br>Month <b>August</b> Day <b>3</b> Year <b>1959</b> |  |  |  |
|--|--|--|---|--|--|--|

|                      |                               |   |                                  |                                  |   |  |
|----------------------|-------------------------------|---|----------------------------------|----------------------------------|---|--|
| 5. SEX <b>female</b> | 6. COLOR OR RACE <b>white</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>8-7-1872</b> | 9. AGE (last birthday) <b>86</b> | IF UNDER 1 YEAR<br>Months <b>7</b> Days <b>2</b> Hours <b>0</b> Min. <b>0</b> | IF UNDER 24 HR<br>Hours <b>0</b> Min. <b>0</b> |
|----------------------|-------------------------------|---|----------------------------------|----------------------------------|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b> | 11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b> |
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|---|---|---|
| 13a. FATHER'S NAME <b>Christian Wiese</b> | 13b. MOTHER'S MAIDEN NAME <b>-- Ohlemeyer</b> | 14. NAME OF HUSBAND OR WIFE <b>deceased</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 Address <b>Miss Edna Faszholz, 5833 Hamilton Ave</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Apoplexy (night)</b> |                                | INTERVAL BETWEEN ONSET AND DEATH<br><b>7 weeks</b><br><b>?</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <b>Hypertension</b> |  |
|   | DUE TO (c) <b>---</b>          |  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
|--|---|--|

|   |
|---|
| 20c. TIME OF INJURY<br>Hour <b>---</b> Month <b>---</b> Day <b>---</b> Year <b>---</b><br>a.m. <b>---</b> p.m. <b>---</b> |
|---|

|   |  |                              |        |       |
|---|--|------------------------------|--------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
|---|--|------------------------------|--------|-------|

21. I attended the deceased from **1940** to **8/3/59** and last saw her alive on **8/2/59**  
Death occurred at **3:15 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                                     |                                |
|---|-------------------------------------|--------------------------------|
| 22a. SIGNATURE <b>[Signature]</b> (Degree or title) | 22b. ADDRESS <b>6704 W. Elmwood</b> | 22c. DATE SIGNED <b>8/4/59</b> |
|---|-------------------------------------|--------------------------------|

|   |                               |  |  |
|---|-------------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 23b. DATE <b>Aug. 6, 1959</b> | 23c. NAME OF CEMETERY OR CREMATORY <b>New Bethlehem Cemetery</b> | 23d. LOCATION (City, town, or county) (State) <b>St. Louis County Missouri</b> |
|---|-------------------------------|--|--|

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| 24. FUNERAL DIRECTOR ADDRESS <b>Math Hermann &amp; Son, Inc., 2161 E. Fair Av</b> | 25. DATE RECD. BY LOCAL REG. <b>8-5-59</b> | 26. REGISTRAR'S SIGNATURE <b>[Signature]</b> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John W. Noy

Licensed Embalmer No. 3731

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.