

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27440
Registrar's No. 263

FILED AUG 25 1948

Registration District No. 376

Primary Registration District No. 6073

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

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Rural Perry Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 1 Bonne Terre 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Rural 94
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1 Bonne Terre, Mo 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME FRED FRANKLIN FAENGER

3. (b) If veteran, name war L 3. (c) Social Security No. 490-09-1570

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mauda Faenger 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June 25 1876
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Osnabruck Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Frederick William Faenger

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Louise (Ullmann)

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Perry Faenger

(b) Address 4 Oaks Dr. Bonne Terre, Mo

17. (a) Burial (b) Date thereof Aug 17 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maryin Chapel

18. (a) Signature of funeral director Benham, Webb, Co.

(b) Address 319 Benham Bonne Terre, Mo

19. (a) 8-17-48 (b) Ether, Rudolph
(Date received local registrar) (Registrar's signature) X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14th
year 1948 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 8 - 14 1948
that I last saw him live on Aug 28 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Cardi
Renal 1207

Due to unknown

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy 472

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature A. L. Duane (M.-D. or other) _____
Address Bonne Terre, Mo. Date signed 8-17-48

RECEIVED

Death Health Officer No. 4

Death Number 848-1072

Date 8-24-48

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clarence J. Claywell

Licensed Embalmer No. 3706

P. O. Address Sanne Jere Mo

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.