No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 16 1947
Registration District No. 29/

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 29884

Registrar's No. 1733

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Oakville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grimsby Road
(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. Louis 96
(c) City or town Oakville 0
(If outside city or town limits, write "RURAL")
(d) Street No. Grimsby Road 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hulda Faenger
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry Faenger
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 21 1879 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	7	17	hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business

FATHER
12. Name George Eitel
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Olga ---------
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Aloys Gaenger
(b) Address Grimsby Road Oakville
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 11 1947 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery
18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand St. Louis
19. (a) 8-13-47 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8
year 1947 hour 4 minute 55 P. M.

21. I hereby certify that I attended the deceased from February 5 1942 to August 8 1947
that I last saw her alive on August 8 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Interstitial Nephritis	4 years.
Due to: Arterio-Sclerosis	5 yrs.
Due to: Hypertension	5 yrs.
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Albert Beisbarth (M. D. or other) M.D.
Address 3606 Gravois Date signed 8-9-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

St Burkath

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.....

James R. Dunn ....., Registered Apprentice No. 403

working under my personal supervision.

Signed. Nancy A. Stewart

Licensed Embalmer No. 3722

P. O. Address 2201 S. Grand Bl.
St. Louis, Mis

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.