

2562

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

Dr. H. B. Lippenberg,
315

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. _____
Registrar's No. 30

1. Place of Death: (a) County Pinal (b) City or Town Casa Grande (c) Location Casa Grande Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution Life; In Community Life; In Arizona Life
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Pinal; (c) City or Town Casa Grande, Ariz.
(If outside city limits also write RURAL)
(d) Street No. _____; (e) Citizen of foreign country (Yes or No) no
If Yes, which country _____
3. (a) FULL NAME Bradley Gene Faulstner (b) If Veteran name war 1/10 (c) Social Security No. none

4. Sex Male 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced Infant
6. (b) Name of husband or wife _____ (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased April 3, 1947
(Month) (Day) (Year)
8. AGE: Years _____ Months _____ Days 7 If less than one day hrs. _____ min. _____
9. Birthplace Casa Grande, Arizona
(City, town or county) (State or Country)
10. Usual Occupation Infant
11. Industry or Business _____
Father { 12. Name Harry Allen Faulstner
13. Birthplace Unknown Missouri
(City, town or county) (State or Country)
Mother { 14. Maiden Name Elizabeth Ann Howe
15. Birthplace Unknown Arkansas
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. H. B. Faulstner
(b) Address Casa Grande, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Casa Grande (c) Date April 11, 1947
18. (a) Embalmer's Signature Garfield E. Jones
(b) Funeral Director Lee & Marie Mortuary
(c) Address Casa Grande, Arizona
19. (a) 5/6/47
(Date received Local Registrar)
(b) Gertrude J. Hager
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 10, 1947
TIME (Hour and minute) 10:00 P. M.

21. I hereby certify that I attended the deceased from 4/9, 1947 to 4/10, 1947,
that I last saw him alive on 4/10, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Eucerts acute
Due to _____
Due to _____
Other conditions (Include pregnancy within three months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

| DURATION | |
|----------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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? _____
(Specify type of place) _____

While at work? _____ (e) Means of injury _____
23. Signature H. B. Lippenberg M. D.
Address Casa Grande Date signed 4/29/47