

C 3 - 1938

DEC 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40409
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 2
(b) Township Howland Primary Registration District No. 200
(c) City Wellspring (d) Street No. 6211 Chatham Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 425 Elijah C. Faulkner.

(a) Residence, No. 6211 Chatham Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virginia Faulkner.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 20, 1886.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 1 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as saw mill, bank, etc. Stationery
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana.

FATHER 13. NAME Dont know.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana.

MOTHER 15. MAIDEN NAME Clarice Casey.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana.

17. INFORMANT (ADDRESS) Mrs. Virginia Faulkner.
6211 Chatham Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Dec. 5, 1938.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. L. Pleitsch Inc.
5966 Easton Ave.

20. FILED DEC 3 - 1938 19 J. R. Meyer M.D. Registrar
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:

Proxymy Occlusion
Chronic myocarditis
Date of onset _____
Other contributory causes of importance: _____

Name of operation Medical History Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) John O. Brunzel M. D.
Address Careless of St. Louis Co.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

David C. Gibson

, or by

3454

Registered Apprentice No....., working under my personal supervision.

Signed

David C. Gibson

Licensed Embalmer No.

3454

P. O. Address

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, above space should be left blank.