

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **5385**

**FILED JUL 21 1941**  
**791**

1. PLACE OF DEATH:

(a) County **ST. LOUIS**  
(b) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**5234 BANCROFT AVE**  
(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 **MO.** (b) County \_\_\_\_\_  
(c) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5234 BANCROFT AVE.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **28**  
year **1941** hour **5** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **March 2**  
**1941**, to **June 28** **1941**;  
that I last saw him alive on **June 28** **1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **(Carcinoma of Colon)**  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **(Carcinoma of Colon with metastasis)**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) (c) Means of injury \_\_\_\_\_  
23. Signature **George J. Connelley** (M. D. or other) \_\_\_\_\_  
Address **812. 1/2. Paul Street** Date signed **6/28/41**

3. (a) PRINT FULL NAME **JOHN J. FALK**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **494-10-6819**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **AGNES FALK** 6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **SEPT. 20 1885**  
(Month) (Day) (Year)

8. AGE: Years **57** Months **9** Days **8** If less than one day hr. min.

9. Birthplace **ST. LOUIS MO.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **GROCERY SALESMAN**

11. Industry or business \_\_\_\_\_

12. Name **JOHN FALK**

13. Birthplace **ST. LOUIS MO.**  
(City, town, or county) (State or foreign country)

14. Maiden name **ELIZABETH EMMENDORF**

15. Birthplace **ST. LOUIS MO.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. AGNES FALK**

(b) Address **5234 BANCROFT AVE.**

17. (a) **BURIAL** (b) Date thereof **7-1-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **NEW S. S. PETER & PAUL**

18. (a) Signature of funeral director **Arthur J. Connelley**

(b) Address **3840 LINDELL BLVD.**

19. (a) **JUN 30 1941** (Date received local registrar) (b) **J. T. [Signature]** (Registrar's signature)

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

MOTHER FATHER

812-000000  
12-1 (Am)

**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 Stanley Marshall  
Licensed Embalmer No. 2868  
P. O. Address 3840 Linden

**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.**