

Registration District No. 772

Primary Registration District No. 4463

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Flume
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 MO (b) County St. Louis
(c) City or town Flume
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 12
year 1941 hour 520 minute P M.

21. I hereby certify that I attended the deceased from July 31 1941 to Aug 12 1941
that I last saw him alive on Aug 12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
seriously
Due to _____
Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) _____
Address Flat River Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Nancy Ann Faulkner

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife James H. Faulkner 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: April 13 1863
(Month) (Day) (Year)

8. AGE: Years 76 Months 29 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace St. Genevieve Co mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Mathernal R. Thurman

13. Birthplace St. Genevieve Co mo
(City, town, or county) (State or foreign country)

14. Maiden name Lavina Pemberton

15. Birthplace St. Genevieve Co mo
(City, town, or county) (State or foreign country)

16. Miss Anna G. Heller

(b) Address Flume

17. (a) Burial (b) Date thereof 8/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkview Cemetery

18. (a) Signature of funeral director Calwell Bros

(b) Address Flat River mo

19. (a) 8/17/41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

94
3
1

MOTHER FATHER

69.1

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.....

Licensed Embalmer No.....

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, fact should be so stated above.