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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town. St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1 D
(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..... ⁰⁰⁰
¹⁹

(c) City or town. St. Louis ¹⁹
(If outside city or town limits, write "RURAL") ⁹

(d) Street No. 4131 Westminster D
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Faulkner

3. (b) If veteran, name war. No.

3. (c) Social Security No. 285-07-4283

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January, day 27,
year 1942 hour 8:40 minute..... A. M.

21. I hereby certify that I attended the deceased from January
9, 1942 to January 27, 1942;
that I last saw him alive on January 27, 1942;
and that death occurred on the date and hour stated above.

4. Sex Male D 5. Color or race White 6. (a) Single, widowed, married,
divorced Married

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

7. Birth date of deceased June 22 1879
(Month) (Day) (Year)

Immediate cause of death.....
Carcinoma of Lung
Syphilis

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy As above.

8. AGE: Years Months Days If less than one day
62 7 5 hr. min.

9. Birthplace Springfield Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business.....

MOTHER FATHER { 12. Name John Wesley Faulkner

13. Birthplace Indiana 1
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jane Morris

15. Birthplace Springfield Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Martha Faulkner

(b) Address 4131 Westminster

17. (a) Removal (b), Date thereof 1-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olney, Ill.

18. (a) Signature of funeral director Albert H. Hopne

(b) Address 4700 Washington Ave.

19. (a) HCN 90 40 10 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

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?..... Means of injury.....

23. Signature M. W. Davis O (M.P. number) 127742

Address 1515 Lafayette Ave., Date signed.....

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.....

Wilford G. Burnley
.....
Licensed Embalmer No. 4202.....

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.