

S. No. 2
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. 5-17-39
PR X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7811

FILED MAR 23 1942

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 611

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1234 Sunset
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 32 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 1234 Sunset
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME BENJAMIN GOFF FALLIS

3. (b) If veteran, name war no 3. (c) Social Security No. 718-14-0433

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Minnie May Fallis 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased March 25, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 11 21 hr. min.

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

10. Usual occupation Asst. General Manager

11. Industry or business Southern Railway

MOTHER FATHER { 12. Name John Fallis
13. Birthplace Warren County, Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Harriet Goff
15. Birthplace Logan County, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. M. Fallis
(b) Address 1234 Sunset

17. (a) removal (b) Date thereof 3/18/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Marshalltown, Iowa.

18. (a) Signature of funeral director Alexander's Sons
(b) Address 6175 Delmar Blvd

19. (a) **MAR 18 1942** (b) E. S. McLaughan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1942 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3/16, 1942, to 3/16, 1942, that I last saw him alive on 3/16 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac thrombosis
Had an attack
about 5:30 P.M.
and I saw him about
6:30 P.M.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94a
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.....
Signature S. R. Parman (M. D. or other)
Address 3903 Olive St Date signed 3/16/42

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

.374

.20.42

MAR 23 1942

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.....
Raymond L. Morris..... Registered Apprentice No. *290*
working under my personal supervision.

Signed *Joseph McCulloch*.....
Licensed Embalmer No. *2460*
P. O. Address *6170 Delmar*

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.