

7. S. No. 2
M-9-4-41
ev. 5-17-39
I X29484

8522

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

2188

FILED APR 8 1942

1003

Registration District No. 791

Primary Registration District No.

Registrar's No.

000
17
9

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
St. Anthony's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis / 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4959 Arsenal St.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME VIRGINIA (JENNIE) FALAST

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

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th
year 1942 hour 8 minute 5 A.M.

21. I hereby certify that I attended the deceased from 10-25 1941 to 9-9 1942
that I last saw him alive on 9-8 1942
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Emil

6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased August 14, 1863
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Stomach

Due to Arteriosclerosis

Due to Senility

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

Major findings: Of operations.....

Of autopsy.....

Duration 6 M.

8. AGE: Years Months Days If less than one day

78	6	25	hr. min.
----	---	----	----------

9. Birthplace Crawford County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER { 12. Name Thomas Gregory

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

14. Maiden name Sarah Falwell

15. Birthplace Virginia
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

H. G.

16. (a) Informant Nellie Frank

(b) Address 2124 Dolman St.

17. (a) Burial (b) Date thereof Mar. 11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director W. C. Maydell

(b) Address 1926 Allen Ave

19. (a) MAD 10 1942 (b) J. F. Brebeck
(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?.....

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature J. F. Brebeck (M. D. or other).....
Address 3320 7th Grand Blvd Date signed 3-9-42

1000

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 Berj. L. Duncan
Licensed Embalmer No. 2272
P. O. Address 1926 4th

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.