

APR 3 1943
Registration District No. 318

Primary Registration District No. 1003

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

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:
4475 West Pine Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
2 YEARS years, months or days)

3. (a) PRINT FULL NAME Charles O. Falkenwald

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mary Falkenwald 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Jan. 13th., 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 2 12 .hr. .min.

9. Birthplace Baltimore Md.
(City, town, or county) (State or foreign country)

10. Usual occupation Chief Appl. & Loans Div.

11. Industry or business R.E.A.

12. Name Oscar R. Falkenwald

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

14. Maiden name Emma Felling

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

16. (a) Informant Mrs. Mary Gertrude Falkenwald

(b) Address 4475 West Pine Blvd.

17. (a) REMOVAL (b) Date thereof 3-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BALTIMORE, MARYLAND

18. (a) Signature of funeral director Arthur J. Nonnelly

(b) Address 3840 Lindell Blvd.

19. (a) MAR 26 1943 (b) J. P. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL") 9/19
(d) Street No. 4475 West Pine Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If No, name country Attending Physician

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th.,
year 1943 hour 11 minute 10 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Occlusion

Due to Coronary Sclerosis

Due to 9/19

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 Arthur J. Nonnelly (M. D. or other) _____

Address 3840 Lindell Blvd. Date signed 3/26/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
B. T. WHITE

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.