S. No. 2
M—5-43
. 5-17-39
I X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25619

FILED SEP 1 1945 18

Registration District No. 1 Primary Registration District No. 1003 Registrar's No. 7231

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:
3864 Bates Street 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 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17 1
(If outside city or town limits, write "RURAL")

(d) Street No. 3864 Bates Street 4
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country ---------

3. (a) PRINT FULL NAME Rev. Robert L. Falke

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Maria Fricke 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased June (Month) 29, (Day) 1855 (Year)

8. AGE: Years 90 Months 1 Days 19 If less than one day hr. min.

9. Birthplace Meisen, (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Retired Lutheran Minister

11. Industry or business Ministry

FATHER
12. Name Louis Falke
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Wilhelmina Hermann
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mr. Paul Brendel
(b) Address 3864 Bates Street

17. (a) ~~Burial~~ Removal (b) Date thereof Aug. 20, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Melle, Missouri

18. (a) Signature of funeral director Beiderwieden F. H., Inc.
(b) Address 1936 St. Louis Ave.

19. (a) AUG 18 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
year 1945 hour 5: minute 45 P. M.

21. I hereby certify that I attended the deceased from December, 1942, to August, 1945;
that I last saw him alive on August 15, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure 12 mo.

Due to Arteriosclerotic heart disease 2 yrs +

Due to Generalized arteriosclerosis 2 yrs +

Other conditions
(Include pregnancy within 3 months of death)

93

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (e) Means of injury

23. Signature Rainesbaum 0 (M. D. ~~or other~~)
Address 3651 Grandel Sq Date signed 8-18-45

(Licensed Embalmer's Statement on Reverse Side)

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. 3737

P. O. Address 1936 Morris Ave, St Louis Mo

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.