

Registration District No. **318** Primary Registration District No. **1003**

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:
Missouri Pacific Hospital
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Randolph **999**
 (c) City or town Sparta
(If outside city or town limits, write "RURAL") **NR**
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) **2**
 If yes, name country _____

3. (a) PRINT FULL NAME Margaret Louise Falkenhain

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

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

6. (b) Name of husband or wife Charles L. Falkenhain 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 12 1887
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24 year 1946 hour 6 minute 50 A.M.

21. I hereby certify that I attended the deceased from Oct 21 1946 to Oct 24 1946
 that I last saw her alive on Oct 23 1946
 and that death occurred on the date and hour stated above.

8. AGE: 59 Years 3 Months 12 Days
If less than one day hr. min.

9. Birthplace Walsh Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

Immediate cause of death Carcinoma of Rt ovary with extensive metastasis & partial bowel obstruction **Duration**

Due to _____

Due to _____

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

MOTHER { 12. Name Frank Hammel
 13. Birthplace Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

FATHER { 16. (a) Informant Luther Falkenhain
 (b) Address 3960 Humphrey St.
 17. (a) Removal (b) Date thereof 10-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sparta, Illinois
 18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Blvd.
 19. (a) OCT 24 1946 J. F. Bredenk
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: Of operations _____
 Of autopsy Carcinoma of Rt ovary with extensive metastasis

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 Royal A. Weir (M. D. or other) _____
 Address 4621 Taylor St. Louis Date signed 10-24-46

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

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

Leroy M. Branne

Licensed Embalmer No. 4200

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.