

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-Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 Days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Dolores Ann Faulkner

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** Single

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased January 29, 1947
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 16 If less than one day
_____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Lloyd Faulkner

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

14. Maiden name Lillian Welch

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address East St. Louis, Ill.

17. (a) Burial _____ (b) Date thereof Feb. 17, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director John Krasny

(b) Address East St. Louis, Ill.

19. (a) FEB 18 1947 (b) J. F. Brennan
(Date received for filing) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St. Clair 999
(c) City or town East St. Louis
(If outside city or town limits, write "RURAL") NR
(d) Street No. 1429 N 47th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15
year 1947 hour 7 minute 25 P. M.

21. I hereby certify that I attended the deceased from Jan 29
1947 to Feb 15 1947
that I last saw her alive on Feb 15 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma (extra dural)
of side face

Due to _____

Due to _____

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

Major findings: _____
Of operations _____
Of autopsy Same

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature C. H. Kulker (M. D. or other) _____
Address 3121 N Grand Date signed 2/16/47

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

MOTHER FATHER

4662

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 _____

Not Embalmed

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

John Maschj

Licensed Embalmer No. *6855*

P. O. Address *East St. Louis, Ill.*

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, above space should be left blank.