

FILED SEP 4 1947
Registration District No. 312

Primary Registration District No. 1003

State File No. _____
Registrar's No. 8057

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: Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME BABY FALLEK

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

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

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

7. Birth date of deceased August 24 1947
(Month) (Day) (Year)

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

0 0 8 4 hr. 0 min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Sidney Fallek

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

14. Maiden name Louise Walter

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

16. (a) Informant Sidney Fallek

(b) Address 1616 Hogan Avenue

17. (a) Burial (b) Date thereof 8/25/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery Chulick Und. C&S

18. (a) Signature of funeral director _____

(b) Address 1722 S. Jefferson Ave.

19. (a) AUG 25 1947 (b) J. P. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 26 1616 Hogan Avenue
(If rural, give location) 9

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25
year 1947 hour 1 minute _____ M.

21. I hereby certify that I attended the deceased from Birth 9:20 PM Aug 24, 1947, to 1 AM Aug 25, 1947; that I last saw him alive on 12:59 AM Aug 25, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations None

Of autopsy None

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 Irwin J. Johnson (M. D. or other) MD
Address 216 S. Kingshighway Date signed 8/25/47

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

MOTHER FATHER

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.....

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.