S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 6 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39627

Registration District No. 318
Primary Registration District No. 1003
Registrar's No. 10642

WRITE PLAINLY—USING 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: City 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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. Unknown (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bert Failing
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 single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 14th, 1903 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
44	7	4	hr. min.

9. Birthplace Springfield (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Odd jobs man
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Herbert Deweez
(b) Address 3710 Tholozan, St. Louis, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/20/47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cemetery Springfield Illinois
18. (a) Signature of funeral director Wacker-Helderle U. & L. Co.
(b) Address 3634 Gravois, St. Louis, Mo.
19. (a) NOV 19 1947 (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18th year 1947 hour 12 minute 00 M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Subdural Hematoma
Due to Blow, Cause and
Due to Manner of same Call not 6 determined

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Open Verdict
(b) Date of occurrence
(c) Where did injury occur? St. Louis (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 Patrick E. Taylor (M. D. or other)
Address Deputy Coroner Date signed 11-19-47

Jefferson City Printing Co.
(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 Frank J. Hland

Licensed Embalmer No. 2645

P. O. Address Sr Leandro

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.