

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

28030

State File No. 7800

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 000	
b. CITY (If outside corporate limits, write RURAL and give township) Saint Louis, Missouri		c. LENGTH OF STAY (In this place) 5 Weeks	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital		e. CITY (If outside corporate limits, write RURAL and give township) Saint Louis	
3. NAME OF DECEASED a. (First) Mattie (Type or Print)		c. (Last) Falkenburg	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) August 31st, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Unknown
9. AGE (In years last birthday) cbt-94		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Garrett		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Late Isaac Falkenburg		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME A. S. Bremer, 4134 Carter Avenue	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. Ca of Pancreas DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Holt	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 15' fall		22. I hereby certify that I attended the deceased from 5/9 , 19 49 , to 8/30 , 19 49 , that I last saw the deceased alive on 8/29 , 19 49 , and that death occurred at 2:00 A.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) R. M. Gevin M.D.		23b. ADDRESS 4356 W. arne ad	
23c. DATE SIGNED 9/1/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	
24b. DATE 9/2/49		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.	
DATE REC'D BY LOCAL REG. SFP 1		REGISTRAR'S SIGNATURE J. B. Foster	

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

~~Dr. Harry Klein,
5074 Union Blvd.,
M.V. 1030
4-6 Pm. - Wed.~~

Dr. Mc Elvain, 4356 Warner
1 to 5 Pm - Sat. 2.500

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John A. Mlinar
Licensed Embalmer No. 4186

P. O. Address 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.