

S. No. 300
V. 10-48

STANDARD CERTIFICATE OF DEATH

11346

State File No.

1000
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FED MAR 20 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 498

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sappington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sappington Lane</u> <u>433</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R 6 Sappington Lane</u>		d. STREET ADDRESS (If rural, give location) <u>Sappington Lane Rt 6</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) _____ c. (Last) <u>Falk</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 22, 1952</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Oct 3, 1872</u>		9. AGE (In years last birthday) <u>79</u>		10. <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> 1 YEAR <input type="checkbox"/> 5 YEARS <input type="checkbox"/> 10 YEARS <input type="checkbox"/> 15 YEARS <input type="checkbox"/> 20 YEARS <input type="checkbox"/> 25 YEARS <input type="checkbox"/> 30 YEARS <input type="checkbox"/> 35 YEARS <input type="checkbox"/> 40 YEARS <input type="checkbox"/> 45 YEARS <input type="checkbox"/> 50 YEARS <input type="checkbox"/> 55 YEARS <input type="checkbox"/> 60 YEARS <input type="checkbox"/> 65 YEARS <input type="checkbox"/> 70 YEARS <input type="checkbox"/> 75 YEARS <input type="checkbox"/> 80 YEARS <input type="checkbox"/> 85 YEARS <input type="checkbox"/> 90 YEARS <input type="checkbox"/> 95 YEARS <input type="checkbox"/> 100 YEARS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Conrad Scharlotte</u>		13b. MOTHER'S MAIDEN NAME <u>not known</u>	
13c. NAME OF HUSBAND OR WIFE <u>William H Falk</u>		14. NAME OF HUSBAND OR WIFE _____		14. NAME OF HUSBAND OR WIFE _____	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marguerite Paxton Sappington Mo</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>essential hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>331X</u> Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
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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) _____	
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? _____	

22. I hereby certify that I attended the deceased from 9/4, 1951, to 2/22, 1952, that I last saw the deceased alive on 2/22, 1952, and that death occurred at 1:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert W. Tillmore M.D.</u>		23b. ADDRESS <u>P.O. Box 6 Sappington Mo 63102</u>		23c. DATE SIGNED <u>2/23/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/25/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Affton Mo</u>		24e. NAME OF CEMETERY OR CREMATORY _____		24f. LOCATION (City, town, or county) (State) _____	

DATE REC'D BY LOCAL REG. <u>2-24-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donker M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ziegenhein & Sons 7027 Gravois</u>	
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54 Licensed Embalmer's Statement on Reverse Side

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Neville B. Frohwitter*.....

Licensed Embalmer No. *3696*.....

P. O. Address *7027 Gravois*.....

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.