

**STANDARD CERTIFICATE OF DEATH**

State File No. **2755**  
 Registrar's No. **0518**

FILED FEB 2 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>2749</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Mo. Baptist Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>274 3245a Nebraska Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>EMMA</b> b. (Middle) <b>L.</b> c. (Last) <b>FALK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 18 1954</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Sep. 8, 1880</b>		9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>George Scheben</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine Grau</b>	
14. NAME OF HUSBAND OR WIFE <b>Charles J. Falk</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Charles J. Falk</b>		18. ADDRESS <b>3245a Nebraska Ave.</b>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>? 2 yrs</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of gall bladder</b>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <b>Dec. 53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cancer of gall bladder.</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <b>155 X</b>			

22. I hereby certify that I attended the deceased from **Nov. 11, 1953**, to **Nov. 18, 1954**, that I last saw the deceased alive on **Jan. 16, 1954**, and that death occurred at **4:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Grace E. Beigner, M.D.</b>		23b. ADDRESS <b>114 N. Taylor Ave.</b>		23c. DATE SIGNED <b>1-18-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Jan. 20, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>JAN 18 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>		ADDRESS <b>4228 S. Kingshighway Bl.</b>	
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(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.....  
Signature of Student Embalmer

Signed *Edwin A. M. Herriott*

Licensed Embalmer No *302*

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (To comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.