

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6150**
Registrar's No. **1815**

BIRTH NO. **FILED MAR 8 1954** 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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 210 N. Sarah St.		e. STREET ADDRESS (If rural, give location) 1812 Benton St.	
3. NAME OF DECEASED (Type or Print) a. (First) Carl b. (Middle) Castor c. (Last) Falknor		4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 20, 1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Architect		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Ordance	9. AGE (In years last birthday) 58 IF UNDER 1 YEAR: Months 3, Days 4 IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) Dunksburg, Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME George Falknor		13b. MOTHER'S MAIDEN NAME Mary C. Thorpe	14. NAME OF HUSBAND OR WIFE Fay Falknor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none known) Yes (If yes, give war or dates of service) World War One		16. SOCIAL SECURITY NO. 487-26-2583	
17. INFORMANT'S SIGNATURE OR NAME X Carl Falknor		1812 ADDRESS Benton St	
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) acute Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Cordis & Coronary Heart Disease DUE TO (c) Coronary Insufficiency II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 4 hours 15 yrs 5 yrs			
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?		4201	
22. I hereby certify that I attended the deceased from June 20, 1949 , to Feb. 24, 1954 , that I last saw the deceased alive on 2/24, 1954 , and that death occurred at 10:0 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Alcopirk M.D. (Degree or title)		23b. ADDRESS 1901 Madison St	
23c. DATE SIGNED 2/24/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 1, 54	
24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri	
DATE REC'D BY LOCAL REG. FEB 25 1954		REGISTRAR'S SIGNATURE Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE W. B. ...		ADDRESS 131 Union Blvd	

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm. D. Leger.....

Licensed Embalmer No. 46

P. O. Address St. Charles

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.