

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24512

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6235**

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. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 50 yrs		e. STREET ADDRESS (If rural, give location) 15 4137 Schiller Place	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Oscar b. (Middle) L. c. (Last) Falter		4. DATE OF DEATH (Month) (Day) (Year) July 9, 1954	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 3, 1878
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) wood machine operator	11. BIRTHPLACE (City and State or Foreign Country) Illinois
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) wood machine operator		10b. KIND OF BUSINESS OR INDUSTRY Furniture & Fixtures	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Peter Falter		13b. MOTHER'S MAIDEN NAME Catherine	14. NAME OF HUSBAND OR WIFE Clara Guth Falter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clara Falter, 4137 Schiller Place
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 rectum - for advanced with (metastasis to Bladder, Liver, Perineum) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.	
19a. DATE OF OPERATION 7/7/53		19b. MAJOR FINDINGS OF OPERATION For advanced Carcinoma Rectum & liver metastasis	
19a. DATE OF OPERATION 7/7/53		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? 154X			
22. I hereby certify that I attended the deceased from Jan 6, 1953 , to July 9, 1954 , that I last saw the deceased alive on July 8, 1954 , and that death occurred at 2:20 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Robert H. Cason, M.D.		23b. ADDRESS 3606 Brossie	
23c. DATE SIGNED 7/9/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE July 12, 1954	
24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. JUL 10 1954		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F. H. Inc. 1936a St. Louis Av	

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

Dr. Elbert H. Casson
3606 Gravois Ave.
Pr 6 -0568

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 Name
Signature of Student Embalmer

Signed Delia J. Krupin

Licensed Embalmer No. 34

P. O. Address St. Louis

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.