S. No. 300
V. 10.48

FILED SEP 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33469

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8654

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis.
c. LENGTH OF STAY (in this place): 3-Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis Chronic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri. b. COUNTY
c. CITY OR TOWN: St. Louis.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 4411 Detonty.

3. NAME OF DECEASED (Type or Print)
a. (First): John b. (Middle): c. (Last): Faletti.

4. DATE OF DEATH (Month) (Day) (Year): September 14, 1957

5. SEX: Male **6. COLOR OR RACE:** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): married **8. DATE OF BIRTH:** Nov. 13, 1885 **9. AGE** (In years last birthday): 71 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter (Retired) **10b. KIND OF BUSINESS OR INDUSTRY:** Freund Bakery **11. BIRTHPLACE** (City and State or Foreign Country): Italy **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME: Joseph Faletti **13b. MOTHER'S MAIDEN NAME:** Rose Trusnick. **14. NAME OF HUSBAND OR WIFE:** Mary Faletti

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None **16. SOCIAL SECURITY NO.:** — **17. INFORMANT'S SIGNATURE OR NAME:** Mary Faletti **ADDRESS:** 4411 DeTonty 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilat. Lower Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) 490XH

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Rt. Middle Cerebral Art. Thrombosis — 10 mo.

19a. DATE OF OPERATION: Nov. 1956 **19b. MAJOR FINDINGS OF OPERATION:** Hemangioarcoma (chin) excised **20. AUTOPSY?** YES ☐ NO ☒

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) m. **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* September 11, 57, *to* September 14, 57, *that I last saw the deceased alive on* Sept. 14, 19 57, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John W. Beckhaus, M.D. **23b. ADDRESS:** 5800 Arsenal **23c. DATE SIGNED:** 9/16/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial **24b. DATE:** Sep. 17, 1957 **24c. NAME OF CEMETERY OR CREMATORY:** Calvary Cemetery **24d. LOCATION** (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: SEP 16 57 **REGISTRAR'S SIGNATURE:** J. Earl Smith M.D. **25. FUNERAL DIRECTOR'S SIGNATURE** Kriegshauser **ADDRESS:** 4228 S. Kingshighway Bl.

(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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... Richard W. Stovesan

Licensed Embalmer No. 400

P.O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.