# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.
6846

1. PLACE OF DEATH

County..... Registration District No. 791 1003

Township St Louis Primary Registration District No.....

City..... (No. ..... St. ..... Ward)

File No. ..... Registered No. 1804

2. FULL NAME Bernice Falcon

(a) Residence. No. 1816 Minnesota St., 23 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 5 1922

7. AGE: Years 5 | Months 9 | Days 12 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Albert Falcon

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Spain

12. MAIDEN NAME OF MOTHER Josepha Diaz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Spain

14. INFORMANT Albert Falcon
(Address) 1816 Minnesota St

15. FILED FEB 19 1928 Guy C. Stanley REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby 17 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 17 1928, to Feb 17 1928, that I last saw he alive on Feb 17 1928, and that death occurred, on the date stated above, at 8 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Croup Septheria
10
..... (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) 10
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?.....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF.....
WAS THERE AN AUTOPSY?.....
WHAT TEST CONFIRMED DIAGNOSIS?.....
(Signed) Dr Robert Bredeker, M. D
Feb 18 1928 (Address) 4012 Bayard Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter & Paul | DATE OF BURIAL Feby 20 1928

20. UNDERTAKER Arendes & Co | ADDRESS 1718 Lafayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.