

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

Do not use this space.

8109

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis (No. 5710 St. Louis Ave)

Registration District No. 791  
Primary Registration District No. 1003

File No. ....  
Registered No. 2482 St. .... Ward)

**2. FULL NAME** Fred Falter

(a) Residence. No. 5710 St. Louis Ave St. 6 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 4 mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda Heister Falter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 6, 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>51</u>	<u>4</u>	<u>17</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Laborer 237  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer not employed

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 1'

10. NAME OF FATHER Joseph Falter

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

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

14. INFORMANT Amanda Falter  
(Address) 5710 St. Louis Ave. St. Louis Mo

15. FILED 21 1931 Wm C. Harker REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 23 1931

17. I HEREBY CERTIFY, That I attended deceased from Spt 28 1930, to Oct 23 1931, that I last saw him alive on Oct 5 1931, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cancer of Bladder  
51 3/4 (duration) 1 yrs. .... mos. .... ds.  
CONTRIBUTORY Uremia  
(SECONDARY) (duration) .... yrs. 1 mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH. 1

DID AN OPERATION PRECEDE DEATH? yes DATE OF Spt 30-1930  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? op. & Microscopic  
(Signed) Wm M. H. Deane, M. D.  
2/24 1931 (Address) 816 Metropolitan Bldg

\*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 Belleville  
mt. Carmel Cemetery, Ill DATE OF BURIAL 2/25 1931

20. UNDERTAKER Ed. Gaudrey ADDRESS Belleville Ill

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.

