WRITE PLAINLY—WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

AUG 16 1934

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

Do not use this space.

27029

791

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1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 7268

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. 3715 Westminster St. ..... Ward)

2. FULL NAME Carl A Falk

(a) Residence, No. 3715 Westminster 19 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 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 Louise Falk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26-1869

7. AGE YEARS 64 MONTHS 11 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Greeley Pres. Church

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norway

FATHER

13. NAME Edward Falk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Louise Falk 3715 Westminster

18. BURIAL, CREMATION, OR REMOVAL

PLACE New St Marcus DATE July 24 1934

19. UNDERTAKER (ADDRESS) Wacker-Helderle 2331 Broadway

20. FILED JUL 23 1934 19 Jos. F. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1934 to July 21, 1934

I last saw him alive on July 21, 1934 Death is said to have occurred on the date stated above, at 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - due to Coronary occlusion	7-18-34
94B 93B 11B 93A	
Other contributory causes of importance: Influenza	7-10-34

Name of operation none Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Paul Vinyard, M. D.

(Address) 3718 Olive St Louis Mo