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.

WRITE PLAINLY, WITHOUT ABBREVIATIONS. THIS IS A PERMANENT RECORD

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

Do not use this space.

14935

MAY 13 1935

1. PLACE OF DEATH

County St. Louis

Township

City St. Louis (No. 3950 Russell Blvd. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

File No.

Registered No. 3817

2. FULL NAME Franklin Falkenhainer

(a) Residence, No. 3950 Russell St., 17 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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Caroline Falkenhainer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1851

7. AGE: Years 83 | Months 10 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank Clerk

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER

13. NAME Melchoir Falkenhainer

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

MOTHER

15. MAIDEN NAME Anna M. Brelig

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

17. INFORMANT E. M. Falkenhainer (ADDRESS) 3919 McDonald

18. ~~BURIAL, CREMATION, OR REMOVAL~~ PLACE Valhalla Memorial DATE Apr 27 1935

19. UNDERTAKER Wagoner (ADDRESS) 3621 Olive St.

20. FILED APR 26 1935 19 J. F. Burdeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24th 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to April 24th, 1935. I last saw him alive on Oct 15, 1934. Death is said to have occurred on the date stated above, at 4:30 P. m.

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

	Date of onset
Chronic Myocarditis	
9 3 C	

Other contributory causes of importance:

Arteriosclerosis (Senile)	"

Name of operation none Date of —

What test confirmed diagnosis? — 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) A. A. Hamel, M. D.

(Address) 1460 So. Grand Ave.