

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.

WHITE PRINTED WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

JAN 13 1936

41085

1. PLACE OF DEATH

County.....
 Township.....
 City St. Louis (No. 2017, Locust St.)
 Registration District No. 791
 Primary Registration District No. 1003
 File No. 10270
 Registered No. 10270
 St. Ward)

2. FULL NAME

Julius Falkenrath
 (a) Residence No. 2151 E. Fair Ave. 9 Ward.
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lydia Falkenrath</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 31 1867</u>		
7. AGE YEARS <u>26</u>	MONTHS <u>9</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Night Watchman</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Wagner Elect.</u>
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) <u>St. Louis</u>		
13. NAME <u>Gottlieb Falkenrath</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Missie Court</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Blarence Falkenrath</u> (ADDRESS) <u>7918 Broadway, Cal.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park Dec 7 1935</u>		
19. UNDERTAKER <u>Harry Leidner and Co</u> (ADDRESS) <u>1417 W. Market St.</u>		
20. FILED <u>DEC -6 1935</u> <u>H. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1935 to Dec 5, 1935

I last saw him alive on Dec 7, 1935. Death is said to have occurred on the date stated above, at 2:07 p.m.

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

Chronic Valvular Heart Disease
5. Mitral regurgitation
Jan 1928

Other contributory causes of importance:
Chronic Myocarditis
Jan 1933

Name of operation None Date of

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?

Where did injury occur?

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) J. H. Dancer M. D.
 (Address) 2337 North Market St

