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.

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

DEC 20 1937

Do not use this space.

40134

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 4448

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 401, No Denver St. Ward)

2. FULL NAME Paul Fallaschek

(a) Residence, No. 401 No Denver St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elizabeth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 13 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	65	5	21	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Fallaschek & Sons

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): Texas

FATHER

13. NAME: John Fallaschek

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Berlin, Germany

MOTHER

15. MAIDEN NAME: No Record

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

17. INFORMANT (ADDRESS): Mrs. Elizabeth Fallaschek, 401 N. Denver

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys Cem. DATE 11/6/37, 19

19. UNDERTAKER (ADDRESS): Quirk & Tobin Co., Kansas City, Mo.

20. FILED Nov 5, 1937 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-4-37, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., I last saw ... alive on ..., 19..... Death is said to have occurred on the date stated above, at ... m.

Deputy Coroner

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

Coronary Sclerosis

Chronic Febrous Myocarditis

Date of onset

Other contributory causes of importance: 93C

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy?

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?

If so, specify

(Signed) Russell W Dan, M. D.

(Address) Kansas