

FEB 12 1938

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

1294  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1903**  
 (c) City **St. Louis, Mo** (d) Street No. **2216 Delmar Blvd** Registered No. **1150**  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Ezekiel Faulkner 4253**  
 (a) Residence, No. **2216 Delmar Blvd** St. **21** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mary Faulkner**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**About 50**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Labored**  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Westus, Mo.** (STATE OR COUNTRY)

FATHER 13. NAME **John Faulkner**  
 14. BIRTHPLACE (CITY OR TOWN) **Missouri** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Not Known**  
 16. BIRTHPLACE (CITY OR TOWN) **Missouri** (STATE OR COUNTRY)

17. INFORMANT **Mary Faulkner** (ADDRESS) **2216 Delmar Blvd**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Pottersfield** DATE **Jan. 31 1938**

19. FUNERAL DIRECTOR **A.L. Beal Und. Co.** (ADDRESS) **2726 Lucas Ave**

20. FILED **Jan 13 1938** **J. Brebeck** Local Registrar.

*No Medical Certificate of Death*  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/23/38** 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
 I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at **7:45 P.M.**

The principal cause of death and related causes of importance were as follows:  
**Acute Stenosis with Cardiac Hypertrophy**  
 Date of onset **1/21/38**  
 Other contributory causes of importance:  
**Chronic Hypertrophic Bronchitis**  
**Chronic Parathyroid Nephritis**

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? **Yes**

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 **None**  
 (Signed) **John M. Quinn M.D.** (Address) **Deputy Coroner**

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.

STATEMENT BY LICENSED EMBALMER

I, Birdie Red Anderson, Licensed Embalmer No. 2929

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Birdie Red Anderson

Licensed Embalmer No. 2929

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)