

REGISTRATION DISTRICT NO. **784**

Primary Registration District No. **200**

Registrar's No. **1793**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Lemp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Mount St. Rose Sanatorium**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 Months** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **MARIE E. FALK**

3. (b) If veteran, name war **-----** 3. (c) Social Security No. **-----**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **-----** 6. (c) Age of husband or wife if alive **-----** years

7. Birth date of deceased **January 15, 1905**
(Month) (Day) (Year)

8. AGE: Years **35** Months **8** Days **5** If less than one day hr. **-----** min. **-----**

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **-----**

12. Name **Adolph W. Falk**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Carrie Brunson**

15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Adolph W. Falk**

(b) Address **3100 Lemp Ave.**

17. (a) **Burial** (b) Date thereof **Sept. 24 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthew's Cemetery**

18. (a) Signature of funeral director **J. H. Kitten Dir. & Mch. Co.**

(b) Address **2630 Grayoia Ave.**

19. (a) **SEP 23 1940** (b) **J. R. Meyer M.D. & P.H.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **-----**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3100 Lemp Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **-----** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **20**
year **1940** hour **7** minute **45** A. M.

21. I hereby certify that I attended the deceased from **March 20, 1940**
to **Sept 20, 1940**
that I last saw her alive on **Sept 20, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Far advanced Bilateral Pulmonary Tuberculosis**

Duration

3 yrs

Due to **-----**

Due to **23**

Other conditions **-----**
(Include pregnancy within 3 months of death)

Major findings: Of operations **-----**

Of autopsy **Far Advanced Pulmonary Tuberculosis**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **-----**

(b) Date of occurrence **-----**

(c) Where did injury occur? **-----**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **-----**

(e) While at work? **-----** (Specify type of place) (e) Means of injury **-----**

23. Signature **L. E. Gerson** (M. D. or other) **-----**

Address **Mt. St. Rose Sanatorium** Date signed **9-20-40**

St. Louis, Mo.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Joseph S. Benz

Registered Apprentice No. **218**

working under my personal supervision.

Signed

Herman A. Gebker

Licensed Embalmer No. **2120**

2842 Meramec St.

P. O. Address **St. Louis, Mo.**

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.)

If this body is not embalmed, fact should be so stated above.