

No. 2  
1-13-40  
-17-39  
X23159

DEC 11 1940

Registration District No. 780

Primary Registration District No. 6028

State File No. \_\_\_\_\_

Registrar's No. 59

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

1. PLACE OF DEATH:

(a) County Ste. Genevieve

(b) City or town Bloomdale Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Jackson Township  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days 2

3. (a) PRINT FULL NAME EUGENE ANTHONY FALLERT

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 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 \_\_\_\_\_

7. Birth date of deceased Nov 15 1940  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 7 hr. 30 min.

9. Birthplace Bloomdale Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name William F. Fallert

13. Birthplace Ste. Genevieve Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Regina Meyer

15. Birthplace Ill Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. J. Fallert

(b) Address Bloomdale Mo

17. (a) Burial (b) Date thereof Nov 16-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bloomdale Mo

18. (a) Signature of funeral director Geo. Bepler

(b) Address Ste. Genevieve Mo

19. (a) Nov 16/40 (b) T. W. Douglas  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ste. Genevieve

(c) City or town Jackson Twp. Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
0 (If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15<sup>th</sup>  
year 1940 hour 3 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Nov 15<sup>th</sup> 1940 to Nov 15<sup>th</sup> 1940  
that I last saw him alive on Nov 15 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cranial hemorrhage

Due to Birth injury

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 16 1/2 P

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
No (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Arthur E. Sawyer (M. D. or other) M.D.  
Address 580 Genessee Mo Date signed 11-16-40

Duration 1 day

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**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.....

*L. C. Basher*....., Registered Apprentice No. ....  
working under my personal supervision.

Signed..... *L. C. Basher*.....

Licensed Embalmer No. *1985*.....

P. O. Address..... *St. Germain*.....

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

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