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X23159

FILED MAR 25 1941  
Registration District No. 791

Primary Registration District No. 1003

State File No. \_\_\_\_\_  
Registrar's No. 1112

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mo. Pacific Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 months  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 999  
(a) State Tennessee (b) County \_\_\_\_\_  
(c) City or town Memphis 110  
(If outside city or town limits, write "RURAL") N.R.  
(d) Street No. 26 So. Morrison, St.  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME BENJAMIN FRANKLIN FALSCHAFT  
(b) If veteran, name war none  
(c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 2  
year 1941 hour 1 minute 40 P. M.  
21. I hereby certify that I attended the deceased from Dec.  
1, 1940, to Feb 2, 1941  
that I last saw him alive on above date, 1941  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mae Rose Falscraft 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct. 1, 1869  
(Month) (Day) (Year)

Immediate cause of death Uremia  
Due to Carcinoma of the prostate  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 51

8. AGE: Years 71 Months 4 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace E. St. Louis, Illinois  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired Engineer  
11. Industry or business Mo. Pac. R.R.

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER {  
12. Name George Falscraft  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Jane Wirtz  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
16. (a) Informant Gibson Falscraft  
(b) Address Memphis, Tenn.  
17. (a) Removal (b) Date thereof 2-3-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memphis, Tenn.  
18. (a) Signature of funeral director C.R. Wuyton & Sons  
(b) Address #7233 Delmar Blvd.  
19. (a) FEB 3 1941 (b) J. M. Bredek  
(Date of local registration) (Registrar's signature)

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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0  
23. Signature W.H. Darnell (M. D. or other) \_\_\_\_\_  
Address Missouri Pacific Hospital Date signed 2-24

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

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Clarence H. Murray  
Licensed Embalmer No. 4011  
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.**