

Registration District No. 791

Primary Registration District No. _____

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:
4037a Russell, Blvd.
(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

3. (a) PRINT FULL NAME ALBERT FALKENHAINER,

3. (b) If veteran, name war: none 3. (c) Social Security No.: none

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Pauline Falkenhainer. 6. (c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: Jan. 6th 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation: Retired.

11. Industry or business: U.S. Postal Carrier.

12. Name: Melchior Falkenhainer.

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

14. Maiden name: Marie Ann Breig.

15. Birthplace: Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant: Arthur Falkenhainer.

(b) Address: 4037a Russell, Blvd.

17. (a) Burial (b) Date thereof: May, 25, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Peters Cemetery.

18. (a) Signature of funeral director: C.R. Lupton & Sons.

(b) Address: 7233 Delmar, Blvd.

19. (a) MAY 25 1942 (b) J.P. Probst
(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.: 4037a Russell, Blvd.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1942 hour 8:00 minute 01 M.

21. I hereby certify that I attended the deceased from 1937
_____ 19____ to 5-23 1942
that I last saw him alive on 5/23/42 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis

Due to: arteriosclerosis

Due to: _____

Other conditions: _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

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?
While at work? _____ (Specify type of place) (e) Means of injury: _____

23. Signature: Melchior 7/10/42 (M. D. or other) _____

Address: Melchior 7/10/42 Date signed: 5/23/42

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

00
17
9

844

DR. MARVIN H. HOUTI.
Dept. Bldg.
JE. -4141
HRS - 4 - 6 P.M.

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 A. 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.