

S. No. 2
M-5-43
5-17-39
I X3687

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5084

State File No.

LED MAR 6 1944

Registration District No. **818** Primary Registration District No. **1003** Registrar's No. **1989**

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **10 days**
(Specify whether
 In this community..... **40 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **MISSOURI** (b) County..... **000**
 (c) City or town..... **ST LOUIS**
(If outside city or town limits, write "RURAL")
 (d) Street No..... **1040 CARROLL**
(If rural, give location)
 (e) Citizen of foreign country?..... **NO** (Yes or No)
 If yes, name country..... **NO**

3. (a) PRINT FULL NAME..... JOHN FALLERI

3. (b) If veteran, name war..... **NONE** 3. (c) Social Security No. **489-06-0768**

4. Sex..... **MALE** 5. Color or race..... **WHITE**

6. (a) Single, widowed, married, divorced..... **MARRIED**

6. (b) Name of husband or wife..... **MARIE FALLERI** 6. (c) Age of husband or wife if alive..... **62** years

7. Birth date of deceased..... **JULY 9 1879**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **25th** year..... **1944** hour..... **4** minute..... **40A.M.**

21. I hereby certify that I attended the deceased from **Feb. 15th 1944**, 19....., to **Feb. 25th 1944**, that I last saw him alive on..... **Feb. 25th 1944**, and that death occurred on the date and hour stated above.

Immediate cause of death..... **Cerebral hemorrhage**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations.....

Of autopsy..... **Syphili-**

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

8. AGE: Years Months Days If less than one day

64 **7** **16** hr. min.

9. Birthplace..... **HUNGARY**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **BAKER**

11. Industry or business..... **AM CONE & PRETTEL CO**

MOTHER FATHER

12. Name..... **JOAN FALLERI**

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

14. Maiden name..... **UNKNOWN**

15. Birthplace..... **HUNGARY**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Gene Fallon**

(b) Address..... **1040 CARROLL**

17. (a) **BURIAL** (b) Date thereof..... **FEB 28-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **SALVARY**

18. (a) Signature of funeral director..... **John J. J. J. J.**

(b) Address..... **2906**

19. (a) **FEB 26 1944** (b) **J. J. J. J.**
(Date received local Registrar) (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.....

23. Signature..... **Frank J. J. J.** (M. D. or other) **420**
 Address..... **1515 LaCayette** Date signed..... **2/25/44**

(Licensed Embalmer's Statement on Reverse Side)

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

844

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

David Van Fossen

Licensed Embalmer No. *4242*

P. O. Address. *2906 Garrison*

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.