

FILED APR 20 1944 18

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 3304

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:
Isolation Hospital, 5600 Arsenal
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-6-44--4-7-44
(Specify whether _____)
In this community _____
years, months or days

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. 2637 Ann Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME David Lee Fallek

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 alive _____ years

7. Birth date of deceased November 14, 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 4 24 hr. min.

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

10. Usual occupation Student

11. Industry or business _____

12. Name Sidney Fallek

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

14. Maiden name Louise Walker

15. Birthplace W. Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant H. Buchanan

(b) Address 5600 Arsenal St.

17. (a) Burial (b) Date thereof 4-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Pk. Cemetery

18. (a) Signature of funeral director Weick Bros

(b) Address 2201 S. Grand Bl.

19. (a) APR 10 1944 (b) J. F. Bedeck
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1944 hour 7 minute _____ a.m.

21. I hereby certify that I attended the deceased from April 6
1944 to April 7 1944;
that I last saw him alive on April 7 1944
and that death occurred on the date and hour stated above.

Immediate cause of death adrenal hemorrhage Duration unk.

Due to meningococci 28 hrs.

Due to _____

Other conditions meningococci meningitis 28 hrs
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy adrenal hemorrhage
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 J. F. Bedeck (M. D. or other) APD

Address 5600 Arsenal Date signed 4-7-44

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

MOTHER FATHER

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 *Jerry A. Pleasant*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.