

FILED AUG 21 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6983

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

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:
St. Marys Inf. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair
(c) City or town E. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1803 1/2 Market Ave
(If rural, give location)
(e) Citizen of foreign country? N.R.
If yes, name country 2

3. (a) PRINT FULL NAME Vernalyn Rose Falconer

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

4. Sex Fem 5. Color or race Col 6. (a) Single, widowed, married, divorced —

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Feb 26, 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 5 10 hr. min.

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

10. Usual occupation —

11. Industry or business —

MOTHER FATHER

12. Name Kerney Falconer

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

14. Maiden name Essie Lewis

15. Birthplace Meridian Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Kerney Falconer
(b) Address Camp Ellis, Ill.

17. (a) Removal (b) Date thereof 8/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis, Ill.

18. (a) Signature of funeral director R.M.C. Green

(b) Address 3517 Laclede Ave

19. (a) AUG 10 1944 (Date received local registrar) J. J. Bredeen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6 year 1944 hour 11 minutes 15 P.M.

21. I hereby certify that I attended the deceased from —, 19—, to —, 19—; that I last saw h— alive on —, 19—; and that death occurred on the date and hour stated above.

Immediate cause of death Bronch pneumonia primary

Due to 107

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations — Of autopsy —

Duration

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 Walter Perry (M. D. or other) —
Address — Date signed 8/10/44

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

P. M. Green

Licensed Embalmer No. 1173

P. O. Address 3517 Soledad Ave

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.