V. S. No. 2
00M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32264

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9228

1. PLACE OF DEATH:

(a) County St. Louis

(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. Louis Children's Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 hours (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Hamilton 999 11

(c) City or town Rural M. Leansboro O
(If outside city or town limits, write "RURAL")

(d) Street No. N.R.
(If rural, give location)

(e) Citizen of foreign country? no 2 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles Leonard Faulkner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced S O

6. (b) Name of husband or wife

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

7. Birth date of deceased 8 (Month) 10 (Day) 44 (Year)

8. AGE: Years | Months 2 | Days 19 | If less than one day hr. min.

9. Birthplace Mc Leansboro (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Wm. Rolla Faulkner
13. Birthplace Hamilton County (City, town, or county) Illinois 1 (State or foreign country)

MOTHER
14. Maiden name Thelma Allen
15. Birthplace Jefferson Co (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Wm Rolla Faulkner
(b) Address McLeansboro Ill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31 1944 (Month) (Day) (Year)
(c) Place: burial or cremation McLeansboro Ill.

18. (a) Signature of funeral director Edwin J. Jones
(b) Address McLeansboro Illinois

19. (a) OCT 31 1944 (Date received local registrar) (b) J. F. Brideck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 10 day 29
year 44 hour 11 minute 10 P.M.

21. I hereby certify that I attended the deceased from 10-29-44, 19__, to 10-29, 1944;
that I last saw him alive on 10-29, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Massive atelectasis	?-1 hr.?
Due to Congenital Defect?	
Due to 161 C	
Other conditions Congenital Cirrhosis, Liver (Include pregnancy within 3 months of death)	2½ mos

Major findings:
Of operations
Of autopsy Same as above

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

23. Signature Gilbert B. Forbes (M. D. or other)
Address 500 South Kingshighway Date signed 10/29/44

(Licensed Embalmer's Statement on Reverse Side)

9228

9228

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.....

Licensed Embalmer No.....

P. O. Address.....

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.