. S. No. 2
0M—5-43
v. 5-17-39
I X3667

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35240

State File No. 9800

Registration District No. 318

Primary Registration District No. 1003

Registrar's 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: 1040 CARROLL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 45 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 17

(c) City or town ST. LOUIS 93
(If outside city or town limits, write "RURAL")

(d) Street No. 1040 CARROLL
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARIE FALLERI

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife JOHN FALLERI

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

7. Birth date of deceased OCT (Month) 19 (Day) 1881 (Year)

8. AGE: Years 64 Months 0 Days 23 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name MICHAEL LUDWIG
13. Birthplace (City, town, or county) HUNGARY (State or foreign country)

MOTHER
14. Maiden name ELIZABETH BOHN
15. Birthplace (City, town, or county) HUNGARY (State or foreign country)

16. (a) Informant NICK FALLERI
(b) Address 1040 CARROLL

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Thos. Kutis & Son
(b) Address 2906 Gravois

19. (a) NOV 13 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. 11 day
year 1945 hour 9 minute 45 P M.

21. I hereby certify that I attended the deceased from 12-21-42
, 19 , to 11-11- , 1945
that I last saw her alive on 11-11- , 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolism — Duration 2 hours

Due to ~~Chronic~~ Cardio-renal-vascular disease — years

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Geo. A. Seib (M. D. or other)

Address 2323 Lafayette Date signed 11/12/45

(Licensed Embalmer's Statement on Reverse Side)

232
Jeffrey

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 Forman

Licensed Embalmer No. 4243

P. O. Address 2906 Grandview

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.