S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14686

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3979

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: Homer G Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 days (Specify whether years, months or days) In this community 8 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3234 Lawton (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Sam Faulkner
3. (b) If veteran, name war
3. (c) Social Security No. 412-12-4957
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katherine Faulkner
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased March (Month) 23 (Day) 1903 (Year)

8. AGE: Years 43 Months 1 Days 3 If less than one day hr. min.

9. Birthplace ? Lousiana (City, town, or county) (State or foreign country)
10. Usual occupation Porter
11. Industry or business Mendenhall Motor Co.
MOTHER FATHER
12. Name Archie Faulkner
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Katherine Faulkner
(b) Address 3234 Lawton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-46 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director Dement and Son
(b) Address 2629-31 Cole St.
19. (a) MAY 1 1946 (Date received local registrar) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1946 hour 11 minute 45 A.M.
21. I hereby certify that I attended the deceased from April 2, 1946 to April 26, 1946 that I last saw him alive on April 26, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General Paresis	Unk
Due to	
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 N. J. Crum (M. D. coroner)
Address 2601 N Whittier St Date signed 4-29-46

(Licensed Embalmer's Statement on Reverse Side)

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.