V. S. No. 2
100M—5-43
Rev. 5-17-39
Form I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 7 1946

State File No. 34539

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 165

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 603 North Fifth Street (If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town St. Charles (If outside city or town limits, write "RURAL")

(d) Street No. 603 North Fifth Street (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Martha (Stahlberg) Faulkner

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles Faulkner, deceased

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

7. Birth date of deceased March (Month) 30 (Day) 1859 (Year)

8. AGE: Years 87 Months 6 Days 29 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name August Stahlberg

13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER

14. Maiden name Adolphine Riebe

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

16. (a) Informant John W. and Alma Lawler

(b) Address 603 N. 5th-St. Charles, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct. 31-46 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove St. Charles, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co.

(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) 11/2/46 (Date received local registrar) (b) Manuel Hamel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29 year 1946 hour 4:45 minute A.M.

21. I hereby certify that I attended the deceased from Oct. 24 1946 to Oct. 28 1946 that I last saw her alive on Oct. 28 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial infarction	5 days
Due to Coronary Occlusion	5 days
Due to Coronary sclerosis.	
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 Eugene J. Canty (M. D. or other) M.D.

Address St. Charles, Mo Date signed 10/30/46

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11/6/46

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 Joseph I Landolt

Licensed Embalmer No. 4189

P. O. Address St. Louis

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.