

No. 2
-12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 15052

Registration District No. 318

Primary Registration District No.

Registrar's No. 1581

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution:
Enroute to City Hospital #1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community life
years, months or days

3. (a) PRINT FULL NAME FRANK C. FAHLE

3. (b) If veteran, name war nil

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased October 1, 1905
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
41	7	2	hr. min.

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

10. Usual occupation Truck driver

11. Industry or business _____

MOTHER FATHER

12. Name John Fahle

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

14. Maiden name Margaret Walz

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

16. (a) Informant Lawrence Fahle

(b) Address 3311a Oxford Avenue

17. (a) burial (b) Date thereof 5-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S S Peter & Paul Gem

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) MAY 5 1947 (b) J.F. Brateck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 2820a Ohio Avenue
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd
year 1947 hour _____ minute 450 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Coronary Arteriosclerosis

Other conditions 92
(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? _____

While at work? _____ (Specify type of place) _____

(e) Means of injury 3

23. Signature Philip Perry (M. D. or other) _____
Address _____ Date signed 5/5

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. *3633*

P. O. Address *2301 Lafayette*

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.