No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 22 1948

Registration District No. 397

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

75

State File No. 3438

Primary Registration District No. 6076

Registrar's No. 75

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

1. PLACE OF DEATH:

(a) County St.Louis

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

(c) Name of hospital or institution:
10,244 Niblic Drive
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 10,244 Niblic Drive
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Gustave F.Fallert

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Clara A.

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

7. Birth date of deceased March (Month) 23 (Day) 1889 (Year)

8. AGE: Years 58 Months 9 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace St.Genevieve (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Merchant

11. Industry or business _____

FATHER
12. Name Frank Fallert
13. Birthplace Ste.Genevive (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Josephine Hurst
15. Birthplace St.Marys (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Clara A.Fallert
(b) Address 10,244 Niblic Dr-Overland-14-Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Lebanon Cemetery

18. (a) Signature of funeral director Baumann Bros. Inc.
(b) Address 2504-Woodson Rd-Overland-14-Mo.

19. (a) 1-10-48 (Date received local registrar) (b) Cecil A. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7
year 1948 hour 10 minute 45 P M.

21. I hereby certify that I attended the deceased from 1-5-48, 19__, to 1-7, 1948
that I last saw him alive on 1-5-, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myxedema + Cretinism	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

63

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 B.W. Satterfield (M. D. or other) MD
Address 1408 N. Grand Date signed 1-9-48

(Licensed Embalmer's Statement on Reverse Side)

JAN 22 1948

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 3454

....., Registered Apprentice No.....,

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14, M

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.