

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1738

BIRTH NO. _____ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 5-425- Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Berger Boeuf		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Berger, Mo. Boeuf	
c. LENGTH OF STAY (in this place) 12 yrs		d. STREET ADDRESS (If rural, give location) Main Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Her Residence			

3. NAME OF DECEASED (Type or Print) a. (First) FLORA b. (Middle) JOHANNA c. (Last) FALLBECK			4. DATE OF DEATH (Month) (Day) (Year) 2- 5- 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-20-1866	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 1 Days 15 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping		11. BIRTHPLACE (State or foreign country) Little Berger, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Phillip Koeller		13b. MOTHER'S MAIDEN NAME Louisa Meyer		14. NAME OF HUSBAND OR WIFE Henry Fallbeck Sr.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry Fallbeck, Jr. Berger, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			About 10 days
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestive heart failure			4 1/2 X 18 months

19a. DATE OF OPERATION 6		19b. MAJOR FINDINGS OF OPERATION no operation performed		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **April 1, 1949**, to **July 5, 1950**, that I last saw the deceased alive on **July 3, 1950**, and that death occurred at **2:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE B. V. Eisenmann (Degree or title) M.D.		23b. ADDRESS New Haven, Mo.		23c. DATE SIGNED 2/6/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/8/1950		24c. NAME OF CEMETERY OR CREMATORY St. Johns Evan Cemetary	
				24d. LOCATION (City, town, or county) (State) Berger, Mo.	

DATE REC'D BY LOCAL REG. Feb 6, 1950		REGISTRAR'S SIGNATURE Jessie Gammeworn 93		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James Blumer Berger Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

360

District Health Officer No. 9,
FEB 10 1950
RECEIVED
District File Number

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed *Gustav W Dietz*

Signed _____
Student Embalmer

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, Mo*

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.