

No. 300
10. 48

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32082

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 2310

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Ste. Genevieve
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ste. Genevieve 0951
d. STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED
a. (First)... Herbert
b. (Middle) J.
c. (Last) Fallert

4. DATE OF DEATH (Month) (Day) (Year)
Sept. 26 1950

5. SEX male
6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH March 8, 1906

9. AGE (In years last birthday) 50
IF UNDER 1 YEAR Months Days
IF UNDER 2 WKS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Zell, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Anton Fallert

13b. MOTHER'S MAIDEN NAME Josephine Huck

14. NAME OF HUSBAND OR WIFE Birdie Fallert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI

16. SOCIAL SECURITY NO. unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Birdie Fallert Ste. Genevieve, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Hypertension

444 X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 28, 1950, to Sept 26, 1950, that I last saw the deceased alive on Sept. 26, 1950, and that death occurred at 8:10 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. Muehler M.D.

23b. ADDRESS 416 Lundeel

23c. DATE SIGNED 9/27/50

24a. BURIAL, CREMATION, REMOVAL (Specify) removal

24b. DATE 9/26/1950

24c. NAME OF CEMETERY OR CREMATORY Valle Springs

24d. LOCATION (City, town, or county) (State) St. Genevieve Mo.

DATE REC'D BY LOCAL REG. 9-27-50 REGISTRAR'S SIGNATURE R. Muehler M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington

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

NOV 22 1950

OCT 1 1950

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 Me

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Ray W. Wilkinson

Licensed Embalmer No. 35-25

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.