

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32270

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6079 Registrar's No. 71

0950

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

1. PLACE OF DEATH a. COUNTY <u>STE Genevieve</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL STE. GENEVIEVE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL STE. GENEVIEVE</u>			c. LENGTH OF STAY (In this place) <u>LIFE</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			d. STREET ADDRESS (If rural, give location) <u>STE. GENEVIEVE STAA ROUTE # 1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEO</u> b. (Middle) <u>PETER</u> c. (Last) <u>FALLERT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 26 1950</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ZELL MO</u>	
13a. FATHER'S NAME <u>CHARLES FALLERT</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH HOOGE</u>		14. NAME OF HUSBAND OR WIFE <u>ELIZABETH CRITZER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Leo P. Fallert - Ste. Genevieve Mo</u> ADDRESS <u>Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
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 <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 <u>Jan 10, 1948</u> , to <u>Sept 26, 1950</u> , that I last saw the deceased alive on <u>Sept 26, 1950</u> , and that death occurred at <u>8:30 AM.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>R. L. Leming M.D.</u> (Degree or title)			23b. ADDRESS <u>Ste. Genevieve Mo.</u>		23c. DATE SIGNED <u>9/27/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9/28/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALLE SPRING</u>		24d. LOCATION (City, town, or county) (State) <u>STE. GENEVIEVE MO</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Bush</u> ADDRESS <u>Ste. Genevieve Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

OCT - 7 1950

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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.

Student .....  
Student Embalmer

Signed *Arthur J. Ellis*

Licensed Embalmer No. *4740*

P. O. Address *St. Dennis, Md.*

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.