

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6054**
Registrar's No. **1600**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS 4102 Concordia	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4102 Concordia			

3. NAME OF DECEASED (Type or Print) a. (First) Emil b. (Middle) c. (Last) Falast			4. DATE OF DEATH (Month) (Day) (Year) Feb. 15, 1951		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 28, 1892	9. AGE (In years last birthday) 58-57	IF UNDER 1 YEAR Months Days Hours Mts.
10a. USUAL OCCUPATION (Give kind of work dominating most of working life, except retired) Cemetery worker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Emil Falast		13b. MOTHER'S MAIDEN NAME Virginia Gregory		14. NAME OF HUSBAND OR WIFE Emma Falast	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma Falast 4102 Concordia	

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)		II. OTHER SIGNIFICANT CONDITIONS			
<p>Does not mean the mode of dying, such as hemorrhage, asthma, etc. means the disease, injury, or complication which caused death.</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) Pulmonary Oedema</p> <p>DUE TO (c) Cardiac Hypertrophy</p>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input 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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4345	

22. I hereby certify that I attended the deceased from 8:40 P.M., 1951, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

22a. SIGNATURE Patrick E. Taylor, M.D. (Degree or title)		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 2.15.51	
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2/17/51		23c. NAME OF CEMETERY OR CREMATORY Graveside Cem		23d. LOCATION (City, town, or county) (State) St Louis Co., Mo	
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DATE RECD. BY LOCAL REGISTRAR'S SIGNATURE FEB 16 1951 J B Pasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ziegenhein & Sons 7027 Gravois	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Case by aff. Ma. 28

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 6059-51

State of }
County of } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1600

On this day of, 194....., before me appears.....

....., who, upon oath, states that the original record of birth death
for Emil Falast died 2-15-1951, 19....., in the State of
~~born~~ Missouri, and which was filed at on, 19....., should be corrected as follows:

Item No. 8 should read Dec. 28 1893

Instead of 1892

Item No. 9 should read Age 57

Instead of 58

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant L. B. Weston Fun Dir
John F. Zengler & Sons Relationship.
1027 GRAVOIS

Present Address.

Subscribed and sworn to before me this 2 day of May, 1951

My Commission expires 3-4-53 Carl J. Judd Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-6054-1951