

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3064**
Registrar's No. **0566**

FILED FEB 11 1953

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 St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sappington 4840	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		d. STREET ADDRESS (If rural, give location) #4 Sappington Lane	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) H. c. (Last) FALK		4. DATE OF DEATH (Month) (Day) (Year) JANUARY 16, 1953	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb 15, 1870
9. AGE (In years) (Month) (Day) (Specify birthday) 82		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Grocer
11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Falk		13b. MOTHER'S MAIDEN NAME not known	
14. NAME OF HUSBAND OR WIFE		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. 487-26-4614		17. INFORMANT'S SIGNATURE OR NAME Mrs Marguerite Paxton Sappington Mo. ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ① Tuberculosis - chronic ② Leukemoid reaction ③ 3 Myeloid leukemia	
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?		163XA	
22. I hereby certify that I attended the deceased from 10-24-52, 19 , to 1-16-53, 19 , that I last saw the deceased alive on 1-16-53, 19 , and that death occurred at 12:50 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE John W. Waller M.D. (Degree or title)		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 1-16-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 1/19/53		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
24d. LOCATION (City, town, or county) (State) Affton Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons ADDRESS 7027 Gravois	
DATE REC'D BY LOCAL REG. JAN 19 1953		REGISTRAR'S SIGNATURE Paul Smith	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 6 1959

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

Walter D. Tutwiler

Licensed Embalmer No.

3696

P. O. Address

7027 Morris

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.