

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22828

FILED JUN 24 1953

318

1003

State File No.

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

5726

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>202</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis</u> / c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res 5730 Goethe</u>		d. STREET ADDRESS (If rural, give location) <u>5730 Goethe</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u> b. (Middle) <u>Kuhlman</u> c. (Last) <u>Falkenhainer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 8, 1953</u>	
5. SEX <u>F</u> / <u>W</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 30, 1878</u>
9. AGE (In years last birthday) <u>74</u> yrs	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Henry Kuhlman</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Doerr</u>	
14. NAME OF HUSBAND OR WIFE <u>Henry J. Falkenhainer</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Henry J. Falkenhainer</u> ADDRESS <u>5730 Goethe</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES <u>Chronic Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Hypertension</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 <u>8</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>0</u>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>0</u>		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? <u>592X</u>		22. I hereby certify that I attended the deceased from <u>3 May, 1953</u> , to <u>8 May, 1953</u> , that I last saw the deceased alive on <u>8 May, 1953</u> , and that death occurred at <u>1:50 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>M. E. Scherhoff M.D.</u> (Degree or title)		23b. ADDRESS <u>634 No Grand</u>	
23c. DATE SIGNED <u>6/9/53</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	
24a. DATE <u>June 10, 1953</u>		24b. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>	
24c. LOCATION (City, town, or county) <u>St. Louis Co. Mo.</u>		24d. DATE REC'D BY LOCAL REG. <u>JUN 9 1953</u>	
REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Alexander & Sons</u> ADDRESS <u>6175 Delmar</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr Harry Eckterhoff
Mr. Theodor B. Bly
Je 0100

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

Jos. E. McCulloch

Licensed Embalmer No. 2960

P. O. Address 6175 - Palmdale

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.