

FILED MAY 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13400**
Registrar's No. **3843**

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 **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **City Hospital** e. STREET ADDRESS (If rural, give location) **1053 Theobald Ave.,** 2089

3. NAME OF DECEASED (Type or Print) a. (First) **LOUIS** b. (Middle) **WILLIAM** c. (Last) **FALKENBERG** 4. DATE OF DEATH (Month) (Day) (Year) **April 25th, 1954**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **December 16 1885** 9. AGE (in years last birthday) **68** IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Police Sgt.,** 10b. KIND OF BUSINESS OR INDUSTRY **Police Dept.** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **Gustav Falkenberg** 13b. MOTHER'S MAIDEN NAME **Wilhelmine Bertenkamp** 14. NAME OF HUSBAND OR WIFE **Emma Falkenberg**

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. **none** 17. INFORMANT'S SIGNATURE OR NAME **Emma Falkenberg,** ADDRESS **1053 Theobald Ave.,**

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) _____
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) **Coronary Occlusion**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) **Coronary Sclerosis**
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 _____ 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) **4201**

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:01** p. m., from the causes and on the date stated above.

22a. SIGNATURE **Patrick Taylor Carson** (Degree or title) _____ 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **4-28-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 24b. DATE **4/29/54** 24c. NAME OF CEMETERY OR CREMATORY **New Bethlehem Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Co., Mo.**

DATE REC'D BY LOCAL REG. **APR 28 1954** REGISTRAR'S SIGNATURE **Paul Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **DIEDRICH FUNERAL HOME,** ADDRESS **8319 Halls Ferry**

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

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. *478*

P. O. Address .. *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.