

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 16 1954

31771  
7782

State File No. ....

Registrar's No. ....

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. ....		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			c. LENGTH OF STAY (In this place)			c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1812 a So. Compton</b>				e. STREET ADDRESS (If rural, give location) <b>1812 a So. Compton</b>							
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Albert</b>		b. (Middle) <b>John</b>		c. (Last) <b>Faller</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8/20/54</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>9/16/1881</b>		9. AGE (In years last birthday) <b>72</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Watchman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Monsanto Chem.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Bloomington, Ill.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				
13a. FATHER'S NAME <b>Albert Faller</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Pitsch</b>			14. NAME OF HUSBAND OR WIFE <b>Clara Nickell Faller</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>497-03-0516</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Clara Faller 1812 a So. Compton</b>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY OCCLUSION</b>						<b>ONE HOUR</b>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CORONARY SCLEROSIS</b>						<b>5 YEARS</b>	
				DUE TO (c) <b>ARTERIOSCLEROTIC HEART DISEASE</b>						<b>5 YEARS</b>	
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 <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <b>4200</b>						
22. I hereby certify that I attended the deceased from <b>OCT. 20, 1949</b> , to <b>AUG 20, 1954</b> , that I last saw the deceased alive on <b>AUG 20, 1954</b> , and that death occurred at <b>8:00p.m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>Robert A. Hall M.D.</b>				23b. ADDRESS <b>3902 LAFAYETTE ST. LOUIS, MO.</b>			23c. DATE SIGNED <b>AUG. 21, 1954</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8/24/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection</b>			24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>				
DATE REC'D BY LOCAL REG. <b>AUG 23 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E. J. Schmur 3125 Lafayette Ave.</b>						

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

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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.....  
Signature of Student Embalmer

Signed..... *Joseph B. Volkmann*

Licensed Embalmer No. *401*

P. O. Address *3125 Lafayette*

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.