

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **3410**

FILED FEB 9 1955

Registrar's No. **211**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>548</b>		Registrar's No. <b>211</b>			
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>					
b. CITY OR TOWN <b>WEBSTER GROVES</b>		c. LENGTH OF STAY (In this place) <b>7 1/2 YRS.</b>		c. CITY OR TOWN <b>WEBSTER GROVES</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>810 NEWPORT AVE</b>				e. STREET ADDRESS (If rural, give location) <b>810 NEWPORT AVE</b>					
3. NAME OF DECEASED (Type or Print) <b>PAULA FALKENHAINER</b>			a. (First) <b>PAULA</b>			b. (Middle) _____			
c. (Last) <b>FALKENHAINER</b>			4. DATE OF DEATH <b>JAN. 27 1955</b>		(Month) (Day) (Year)				
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>SEPT. 14, 1879</b>			
9. AGE (In years last birthday) <b>75</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS MO. U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS MO. U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>HENRY FALKENHAINER</b>			13b. MOTHER'S MAIDEN NAME <b>ROSA STUPP</b>			14. NAME OF HUSBAND OR WIFE <b>ARTHUR FALKENHAINER</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>HENRY FALKENHAINER</b> ADDRESS <b>5730 GOETHE AVE</b>					
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) <b>Coronary Thrombosis.</b> ANTECEDENT CAUSES <b>Arteriosclerosis.</b> 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.				INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>  <b>?</b>	
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) <b>4201</b>		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? _____							
22. I hereby certify that I attended the deceased from <b>1/13, 1955</b> , to <b>1/27, 1955</b> , that I last saw the deceased alive on <b>1/18, 1955</b> , and that death occurred at <b>8:30 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Carl L Brand M.D.</b>				23b. ADDRESS <b>Webster Groves Mo</b>		23c. DATE SIGNED <b>1/28/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>		24b. DATE <b>1-29-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MISSOURI CREMATORY</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO.</b>			
DATE REC'D BY LOCAL REG. <b>1-28-55</b>		REGISTRAR'S SIGNATURE <b>Hubert R. Dombke M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>MITTELBERG FUNERAL HOME, INC. 73 W. LOCKWOOD AVE</b>					

SW (Licensed Embalmer's Statement on Reverse Side)

**WEBSTER GROVES MO.**

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

No. 300  
10-48

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 *Etton R. Remele* .....

Licensed Embalmer No. *4283* .....

P. O. Address *St. Louis, Mo.* .....

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.