

FILED OCT 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34728

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8800**

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 OR TOWN St. Louis)		c. CITY OR TOWN University City d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 6days		e. STREET ADDRESS (If rural, give location) 6918 Milbrook	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Rose b. (Middle) Marguerite c. (Last) Fallenstein			4. DATE OF DEATH Oct. 9, 1955 (Month) (Day) (Year)		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH March 20, 1886		9. AGE (In years last birthday) 69yrs		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Commissary Mgr.			10b. KIND OF BUSINESS OR INDUSTRY Washington Univ.		
11. BIRTHPLACE (City and State or Foreign Country) Springfield, Ill.			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Jahn A. Fallenstein		13b. MOTHER'S MAIDEN NAME Louise Huffman		14. NAME OF HUSBAND OR WIFE None	
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. 499-34-0473A		17. INFORMANT'S SIGNATURE OR NAME Mrs. Martha Wehmeyer ADDRESS 6801 University Dr.	

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) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 6 mo	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUCE TO (b) _____ DUCE TO (c) _____			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.1		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)		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 **Apr 1955**, to **Oct 9, 1955**, that I last saw the deceased alive on **Oct 8, 1955**, and that death occurred at **12** m., from the causes and on the date stated above.

23a. SIGNATURE Paul D. Hageman M.D. (Degree or title)		23b. ADDRESS 3720 Washington		23c. DATE SIGNED 10/9/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct. 12, 1955		24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	
24d. LOCATION (City, town, or county) Springfield,		24e. (State) Ill			
DATE REC'D BY LOCAL REG. OCT 10 1955		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons ADDRESS 6175 Delmar	

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

Dr Paul C. Kogman
7735 Mohawk Pl
Pa 7-2845

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 *James J. McCulloch*

Licensed Embalmer No. 24

P. O. Address 6170 D

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.