Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33470

STATE FILE NUMBER 8917

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Inside Limits Yes X No ☐	c. CITY OR TOWN Lemay 4870 — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 15 Lutheran Hospital — Length of stay in 1b: 1 month	d. STREET ADDRESS (If outside, give location) 27 353 Horn Ave. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First: WALTER	Middle: A.	Last: FALK	4. DATE OF DEATH	Month: Sept. Day: 21 Year: 1957
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Oct. 12, 1911	9. AGE (In years last birthday): 45 yrs.	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): Driver	10b. KIND OF BUSINESS OR INDUSTRY: Packing House	11. BIRTHPLACE (City and state or country): Kimmswick, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: William Falk		14. MOTHER'S MAIDEN NAME: Elizabeth Jungermann			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWNo.2		16. SOCIAL SECURITY NO.: 494-03-5063	17. INFORMANT: Mrs. Katherine Massey Falk	Address: 353 Horn Ave.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hodgkins Disease — INTERVAL BETWEEN ONSET AND DEATH: 9 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 201 X

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m., Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from July 27 57 to Sept 21, 57 and last saw her/him alive on Sept 21 57

Death occurred at 12 Noon m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R. A. Nussbaum (Degree or title) MD — 22b. ADDRESS: 3701 Grandel Sq — 22c. DATE SIGNED: 9-23-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 9-24-57 — 23c. NAME OF CEMETERY OR CREMATORY: St.Trinity Cemetery — 23d. LOCATION (City, town, or county) (State): St.Louis County, Mo.

24. FUNERAL DIRECTOR — ADDRESS: BEIDERWIEDEN F.H.INC., 1936 St.Louis Ave. — 25. DATE RECD. BY LOCAL REG.: SEP 24 57 — 26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

Hours 12-4 Monday

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student .....
Signature of Student Embalmer

Signed. Felix J. Krup

Licensed Embalmer No. 3

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.