WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

39938

File No. .....

Registered No. 11954

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 11953

City St. Louis (No. City Hospital ..... St. ..... Ward)

2. FULL NAME 11998 George Fainsworth

(a) Residence. No. City Infirmary St. 13 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elizabeth H. Fainsworth

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 27 — 1846

7. AGE: Years 80 | Months 1 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Indell Works
(c) Name of employer: Furniture, Indianapolis

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Massachusetts

PARENTS

10. NAME OF FATHER: John C Fainsworth
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont know
12. MAIDEN NAME OF MOTHER: Mary Halbrick
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): New Hampshire

14. INFORMANT: C Kowalski
(Address): City Hospital

15. FILED: Dec 18 1926 Max C Starkoff, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 16 1926

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1926, to Dec 16, 1926, that I last saw him alive on Dec 16, 1926, and that death occurred, on the date stated above, at 8:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Lobar Pneumonia 108

10 Ds (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Geo. Stuker, M. D.

12/17, 1926 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Laurel Hill Cem
DATE OF BURIAL: 12.18 1926

20. UNDERTAKER: Wagoner Ind Co.
ADDRESS: 3621 Olive St.

Tamsund