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

Do not use this space.

18409

1. PLACE OF DEATH
County St Louis — Registration District No. 1160 — File No. 57
Township Central — Primary Registration District No. 4470 — Registered No.
City University (No. 6612 Waterman St. Ward)

2. FULL NAME William Cooper Fairbank
(a) Residence. No. 6612 Waterman St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

JUL

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Fairbank

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July-16-1850.

7. AGE: Years 77 — Months 9 — Days 22 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Recorder of Plants.
(b) General nature of industry, business, or establishment in which employed (or employer): Shaws Garden
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Halstead Essex England.

PARENTS
10. NAME OF FATHER: Frederick G. Fairbank
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): England.
12. MAIDEN NAME OF MOTHER: Hannah H. Cooper
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): England.

14. INFORMANT: Alfred Fairbank
(Address) #6612 Waterman Ave

15. FILED 5-8, 1928 E. Lillian Dunn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 7 1928

17. I HEREBY CERTIFY, That I attended deceased from Mch 12, 1928, to May 6, 1928, that I last saw him alive on May 6, 1928, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: —
Cerebral Haemorrhage (Hemiplegia left) [illegible]
[illegible] (duration) yrs. 2 mos. 29 ds.
CONTRIBUTORY (SECONDARY): Arteriosclerosis-Arterial hypertension (duration) yrs. [illegible] mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH? x
DID AN OPERATION PRECEDE DEATH? no. DATE OF x
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Diagnosis
(Signed) Henry S. Brooks, M.D.
May 7, 1928 (Address) Hand & Lafayette

*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: Lake Charles Cem. — DATE OF BURIAL: 5-9-1928.

20. UNDERTAKER: C. R. Lupton, — ADDRESS: Olive Street, #4449.