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

Do not use this space.

FEB 8 1937

Registration District No. 791

Primary Registration District No. 1003

File No. 3617

Registered No. 651

1. PLACE OF DEATH

County 96

Township

City 30 St. Louis, Mo. (No. 1312 Laurel Avenue St. 2 Ward) 9

2. FULL NAME John Fahey

(a) Residence, No. 1312 Laurel Avenue St., 6 Ward. 1
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't Know, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
About 44				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer for City

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Park Dep't. 183

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

FATHER

13. NAME Thomas Fahey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

MOTHER

15. MAIDEN NAME Mary Cavanaugh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

17. INFORMANT Mrs. Thomas Gegan.
(ADDRESS) 1312 Laurel Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Jan. 16th 37

19. UNDERTAKER Jos. W. Clark
(ADDRESS) 1125 Hodiamont Ave

20. FILED JAN 15 1937 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1937, to Jan 18, 1937.

I last saw him alive on Jan 13-37, 19.. Death is said to have occurred on the date stated above, at 4.06 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia (R)	about Jan 12 1937
Other contributory causes of importance: Acute Pleurisy (Fibrinous)	Jan 12 1937

Name of operation No Date of

What test confirmed diagnosis? — Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wm. J. Langan Jr., M. D.

(Address) 5803 Clymer Ave.

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.

Dr.Langan,
5803 Plymouth
Cabany 0220