

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.

APR 9 1937

791
1003

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City ST. LOUIS MO. (No. PARKLANE MEMORIAL HOSPITAL) Ward 10246
Registered No. 2814

2. FULL NAME

LOUISA FAIRCHILD
(a) Residence, No. 3128 LAFAYETTE AV. 17 Ward. (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 <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED WIDOWED, OR Divorced (write the word) <u>WIDOW</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (OR) WIFE OF <u>E. FAIRCHILD.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>DEC. 25 1887</u>		
7. AGE YEARS <u>49</u>	MONTHS <u>2</u>	DAYS <u>11</u> If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>HOUSEKEEPER</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>CANADA</u>
	13. NAME <u>L. CHERNEY.</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>CANADA</u>
	15. MAIDEN NAME <u>UNKNOWN</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN.</u>
	17. INFORMANT <u>T. MADDEN.</u> (ADDRESS) <u>CIVIL COURTS BLDG.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>MO. CREMATORY</u> DATE <u>MARCH 13 1937</u>	
19. UNDERTAKER <u>E. J. Schuur</u> (ADDRESS) <u>3125 Lafayette Av.</u>	
20. FILED <u>MAR 12 1937</u> <u>J. Bredeck</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1937 to Mar 6 1937
I last saw him alive on Mar 6 1937 Death is said to have occurred on the date stated above, at 3:15 p.m.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
Date of onset 7

Other contributory causes of importance: 59

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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?
If so, specify
(Signed) [Signature] M. D.
(Address) [Address]

