

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.

MAY 7 1937

1. PLACE OF DEATH

County.....
 Township.....
 City **St. Louis, Mo.** (No.)

Registration District No. **791**
 Primary Registration District No. **1003**
 De Paul Hospital

File No. **1-1800**
 Registered No. **4296**
 St. Ward)

2. FULL NAME **Michael R. Fay**

(a) Residence, No. **1107 Aubert Avenue** St. **12** Ward.

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. (If nonresident, give city or town and State)

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 **Kate Fay**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 3rd 1856**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
68	80	8	21	

8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. **Retired Police Sargent**
 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

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

13. NAME (Unknown) **Fay**

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

15. MAIDEN NAME **Mary Hacket**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Canada**

17. INFORMANT **Miss Anna M. Fay** (ADDRESS) **1107 Aubert Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla** DATE **April 27th** 1937

19. UNDERTAKER **Fred M. Williams** (ADDRESS) **4535 Washington Boulevard**

20. **APR 26 1937** 19 **J. P. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 24th 1937**

22. I HEREBY CERTIFY, That I attended deceased from **March 1, 1935** to **April 24, 1937**
 I last saw him alive on **April 24, 1937** Death is said to have occurred on the date stated above, at **6 P.M.**

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

Chronic Endocarditis
and Myocarditis
 Date of onset **1/21**

Other contributory causes of importance:

Chronic Nephritis

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? **No**
 If so, specify

(Signed) **Arthur H. Just** M. D.
 (Address) **1901 Madison St.**

1964
10-110m