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

Do not use this space.

1. PLACE OF DEATH SEP 25 1937

County St. Louis — Registration District No. 790

Township Clayton — Primary Registration District No. 60389

City Clayton (No. , St Louis Co Hosp St. Ward)

File No. 31816

Registered No. 397

2. FULL NAME Harry Irwin McFail

(a) Residence, No. 6819 Raymond St., Ward. University City Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 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): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9 1885

7. AGE: Years 51 — Months 11 — Days 19 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stix Baer & Fuller

10. Date deceased last worked at this occupation (month and year) May 1937

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minneapolis Minn

FATHER

13. NAME Francis R McFail

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vassor Mich

MOTHER

15. MAIDEN NAME Elsie E Irons

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Co Wisc

17. INFORMANT Hazel McFail
(ADDRESS) U City Mo

18. BURIAL, CREMATION, OR REMOVAL **
PLACE Valhalla Crematory DATE Aug 30 1937

19. UNDERTAKER Ortmann Funeral Home
(ADDRESS) 9222 Lackland Overland Mo

20. FILED 8/30 1937 Dr A J Liguorelli
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 1937

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1:30 A.m.

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

	Date of onset
Acute alcoholism.	
NB	

Other contributory causes of importance:
Acute alcoholic gastritis Cerebral edema.

Name of operation None Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) John L Connell M. D.

(Address) Coroner, St. Louis Co.

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.