

DEC 12 1938

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

37528  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003** Registered No. **9855**  
 (c) City **St. Louis** (d) Street No. **Homer G. Phillips Hospital** St.  
 (e) Length of residence in city or town where death occurred **49** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

**6/12 Louis Bernard Fairfax**  
 (a) Residence, No. **511 S. Ewing Ave.** St. **18**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

|   |   |   |
|---|---|---|
| 3. SEX<br><b>M</b>  | 4. COLOR OR RACE<br><b>Negro</b>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><b>Married</b> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><b>Mattie Fairfax</b>   |   |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Aug. 29, 1889</b>  |   |   |
| 7. AGE  | YEARS<br><b>49</b>  | MONTHS<br><b>2</b>  |
|   | DAYS<br><b>12</b>   | IF LESS than 1 day, ..... hrs. or ..... min.                                |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.      |   |
|   | 9. Industry or business in which work was done, as saw mill, bank, etc. <b>Minister</b> |   |
|   | 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) <b>Mo.</b>   |   |   |
| FATHER  | 13. NAME <b>Riley Fairfax</b>   |   |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Mo.</b>                             |   |
| MOTHER  | 15. MAIDEN NAME <b>Fannie Gibson</b>  |   |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Mo.</b>                             |   |
| 17. INFORMANT (ADDRESS) <b>Arthur Mary Shivers</b><br><b>2601 N. Whittier</b>   |   |   |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Washington Park</b> DATE <b>Nov 17 38</b>  |   |   |
| 19. FUNERAL DIRECTOR (NAME) <b>F. A. Greer</b><br>(ADDRESS) <b>2915 Franklin Ave.</b><br><b>J. T. Bredeck</b> (Address) <b>2601 N. Whittier St.</b> |   |   |
| 20. FILED 19..... Local Registrar.  |   |   |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-11-1938**

22. I HEREBY CERTIFY, That I attended deceased from **10-27-1938**, to **11-11-1938**  
 I last saw him alive on **11-11-1938**. Death is said to have occurred on the date stated above, at **7:45 A. M.**  
 The principal cause of death and related causes of importance were as follows:  
**Hypertensive Heart Disease** Date of onset **10-27-38**

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis? **clinical** Was there an autopsy? **No**

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) **H. J. Dymman**, M. D.  
 (Address) **2601 N. Whittier St.**

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me J. A. Green

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed J. A. Green

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**