No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19892

State File No. 4840

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Deaconess Hospital. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days. (Specify whether years, months or days)

In this community About 1 Week.

2. USUAL RESIDENCE OF DECEASED:

(a) State New York (b) County

(c) City or town Bronx. (If outside city or town limits, write "RURAL") NR

(d) Street No. 1344 UNiversity St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME George K. Fay. 600

3. (b) If veteran, name war Unknown.

3. (c) Social Security No. Unknown.

4. Sex Male.

5. Color or race White.

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Madge Fay.

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased About 1868. (Month) (Day) (Year)

8. AGE: Years About 72. Months Days If less than one day hr. min.

9. Birthplace Unknown. (City, town, or county) (State or foreign country) 7

10. Usual occupation International Sec& Treas

11. Industry or business of Upholsters Union 1

FATHER
12. Name Unknown.
13. Birthplace Unknown. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown. (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Kirby

(b) Address 2043 Park Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-40. (Month) (Day) (Year)

(c) Place: burial or cremation New York, N.Y.

18. (a) Signature of funeral director Hy. Leidner und Co

(b) Address 2223 St. Louis Ave.

19. (a) JUN 3 1940 (Date received local registrar) (b) J F Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st year 1940 hour 6:00 minute P M.

21. I hereby certify that I attended the deceased from June 1st 1940 to June 1 1940 that I last saw him alive on June 1st 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerotic Heart Disease (Coronary Occlusion)

Due to

Due to

Other conditions Arterio Sclerotic (Include pregnancy within 3 months of death) Brights Disease, chronic

Major findings:
Of operations
Of autopsy

Duration 1 year 71

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PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature A R Shreffler (M. D. or other)

Address 1020 Missouri Bldg St Louis Date signed 6-3-40

(Licensed Embalmer's Statement on Reverse Side)

A. R. Schuffler 9723 [illegible]
Je 7469 8:30 a.m.
mu 6824 mo [illegible]

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, or by .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis an

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.