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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 21 1941
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19783
Registrar's No. 4595

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Little Flower Retreat House
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yrs. (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Little Flower Retreat House
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Catherine Fairham
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Isaac Fairham 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 9 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 6 23 hr. min.

9. Birthplace Mattoon Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business
MOTHER FATHER { 12. Name Martin Gleason
13. Birthplace Co. Clare 4 Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Johanna Hayes
15. Birthplace Co. Cork 4 Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fuscott
(b) Address 1712 Edison Ave
17. (a) Burial (b) Date thereof June 3 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel

18. (a) Signature of funeral director Nell Walsh Barnes
(b) Address 1416 St. Louis Ave. St. Louis, Mo.

19. (a) JUN 2 - 1941 (b) J. H. Bredeck
(Date of local registration) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 1st
year 1941 hour 12 minute 15 A. M.
21. I hereby certify that I attended the deceased from June 7th 1939
_____ 19____ to 6/1/41 19____;
that I last saw her alive on 6/1/41 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage Duration 6 Days

Due to Chronic Uniparital Disease and Generalized Arterio-Sclerosis
Due to _____ 3 years

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy none
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Paul B. Webb (M. D. or other) _____
Address 1920 Sidney St Date signed 6/2/41

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

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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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.