S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

18960

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 0

Registration District No. 734 Primary Registration District No. 100 Registrar's No. 1313

96
9
1

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Brentwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2312 Brentwood Blvd. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96
(c) City or town Brentwood 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2312 Brentwood
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mary Fahey

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) Unknown (Day) 1870 (Year)

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

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Hwk.

11. Industry or business At Home

FATHER
12. Name Patrick Fahey
13. Birthplace (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Bridget Melody
15. Birthplace (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Mrs. Annie Hawkins
(b) Address 2312 Brentwood Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 S. Kingshighway Blvd.

19. (a) JUN 16 1942 (Date received local registrar) (b) C. G. McGuiran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1942 hour 3 minute 30 p.m.

21. I hereby certify that I attended the deceased from June 28, 1939, to June 15, 1942
that I last saw her alive on June 15, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gangrene (left foot)	6 wks
Due to: Diabetes mellitus	3 yrs
Due to: nephritis chr. (arteriosclerotic)	3 yrs
Other conditions: Arteriosclerosis general (Include pregnancy within 3 months of death)	10 yrs

Major findings:
Of operations none
Of autopsy none

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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 0

23. Signature C. H. Bockelman (M. D. or other) M. D.
Address 2615 Brentwood Blvd Date signed 6/16/42

709

(Licensed Embalmer's Statement on Reverse Side)

Dr. Bockelman
2615 Brentwood
2-3

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 Edwin D. McDermott

Licensed Embalmer No. 3024

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, fact should be so stated above.