

FILED SEP 30 1944

State File No. ....

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8096**

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:  
**2626 Minnesota Ave**  
(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 **Missouri** (b) County.....  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **2626 Minnesota Ave**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME **Samuel R. Fairchild**  
 3. (b) If veteran, name war..... 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **September**, 19 **19**  
 year **1944** hour **6:45** minute **P** M.

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Anna Fairchild**  
 6. (c) Age of husband or wife if alive **62** years  
 7. Birth date of deceased **March 4 1872**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **March 30**, 19 **44**, to **Sept 19**, 19 **44**  
 that I last saw him alive on **Sept 18**, 19 **44**  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**72 6 15** hr. min.

Immediate cause of death **myocardial infarction**  
 Due to.....  
 Due to.....  
 Other conditions **none**  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations.....  
 Of autopsy **no**

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **Painter**  
 11. Industry or business **Retired**

MOTHER FATHER  
 { 12. Name **Samuel R. Fairchild**  
 { 13. Birthplace **Pennsylvania**  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name **Louisa R. Downey**  
 { 15. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs Anna Fairchild**  
 (b) Address **2626 Minnesota**  
 17. (a) **Burial** (b) Date thereof **9/22/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Calvary Cemetery**

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.....

18. (a) Signature of funeral director **Peetz Bros**  
 (b) Address **3029 Lafayette Ave**  
 19. (a) **SEP 21 1944** (b) **J. Redick**  
(Date received local registrar) (Registrar's signature)

23. Signature **J. Redick** (M. D. or R. D.)  
 Address **1803 B. B. B. B.** Date signed **9/21/44**

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

**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.....  
*Francis D. Owen*

Licensed Embalmer No..... *2245*

P. O. Address..... *PO Rowland*

**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.**