

FILED AUG 18 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 1272

1. PLACE OF DEATH:

(a) County St. Louis.

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)

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

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Brother Brenden Charles
(Martin J. Fahey)

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9th.
year 1945. hour 11:40 minute _____ P. M.

4. Sex M. 5. Color or race W.

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Unknown 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 17, 1945, 19 _____, to August 9, 19 _____, that I last saw him alive on August 9, 19 _____, and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months _____ Days _____ If less than one day _____ hr. _____ min. 0

Immediate cause of death: _____
Chronic Myocarditis with Hypertension

Due to Acute Heart Failure
Pulmonary Congestion

Due to Pyelitis 93-d
Cystitis

Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation Religious Teacher.

Major findings:
Of operations None

Of autopsy No

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

MOTHER FATHER

11. Industry or business _____

12. Name Thomas Fahey.

13. Birthplace Ireland 7
(City, town, or county) (State or foreign country)

14. Maiden name Anna Ward

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Brother James.

(b) Address LaSalle Institute.

17. (a) Burial. (b) Date thereof 8-13-45.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Glencoe, Mo.

22. If death was due to external causes, fill in the following: 1.0

(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? _____

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd
8-13-45

19. (a) 8-13-45 (b) C. J. M. Davan
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of glare) (e) (Means of injury)

23. Signature James J. Ladd
Address 1001 So. Theatre Building Date signed 8-10-45

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

5-5-25

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 W Van Matre

Licensed Embalmer No. 2825

P. O. Address 4840 Lafayette

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.