

No. 2
M-5-43
5-17-39
I X36671

FILED AUG 29 1946
318

Primary Registration District No. 1003

Registrar's No. 6704

1. PLACE OF DEATH:

(a) County.....

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

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

(d) Length of stay: In hospital or institution 1 day (Specify whether
years, months or days)

In this community life
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. 3908 Westminster
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Wilbur B. Fahey

3. (b) If veteran, name war..... 3. (c) Social Security No.

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 Aug. 20 1884
(Month) (Day) (Year)

8. AGE: Years Months Days 9 10 If less than one day
62 11 hr. min.

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

10. Usual occupation Postal Clerk, U. S. Gov't.

11. Industry or business.....

12. Name Michael Fahey

13. Birthplace Liverpool, England
(City, town, or county) (State or foreign country)

14. Maiden name Margaret E. Barry

15. Birthplace Paduka, Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Alice M. Fahey

(b) Address San Francisco, Calif.

17. (a) cremation (b) Date thereof 7-31/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Alexander Dow

(b) Address 6175 Delmar

19. (a) JUL 31 1946 J. F. Bredbeck
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1946 hour 8: minute 15 P.M.

21. I hereby certify that I attended the deceased from July 29
1946, to July 29, 1946

that I last saw him alive on July 29, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute peritonitis Duration 3 days

Due to Spontaneous rupture of colon at splenic flexure ? years

Due to Carcinoma of Colon.

Other conditions None of significance
(Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy As above

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 Walter Clark (M. D. or other) MD
Address 864 Hazelton Date signed 7-31-46

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

MOTHER FATHER

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.....

Thomas R. Terwick

Licensed Embalmer No. ~~6175~~ *3793*

P. O. Address *6175 Helman*

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.