

No. 2  
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-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF REGISTRATION  
**FILED NOV 29 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

388093  
State File No. 388093  
Registrar's No.: 357

Registration District No. 316 Primary Registration District No. 6075

1. PLACE OF DEATH:  
(a) County St. Francois  
(b) City or town Farmington RURAL St. Francois  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri State Hospital No. 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 yr. 3 mos. 13 das.  
(Specify whether years, months or days)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Richmond Heights  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1411 Bellevue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN MICHAEL FAHERTY  
3. (b) If veteran, name war None  
3. (c) Social Security No. 491-14-7110

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 23  
year 1946 hour 11 minute 50 A. M.  
21. I hereby certify that I attended the deceased from April 19, 1946 to Oct. 23, 1946  
that I last saw him alive on Oct. 23, 1946  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
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 June 13, 1868  
(Month) (Day) (Year)  
8. AGE: Years 78 Months 4 Days 10  
If less than one day hr. \_\_\_\_\_ min.

Immediate cause of death \_\_\_\_\_  
Interoseterias  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy No autopsy.

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

MOTHER FATHER

9. Birthplace Roma Illinois  
(City, town, or county) (State or foreign country)  
10. Usual occupation Steam fitter  
11. Industry or business \_\_\_\_\_  
12. Name William Faherty  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Ellen McDonough  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
16. (a) Informant Records State Hospital No. 4  
(b) Address Farmington, Missouri  
17. (a) Burial (b) Date thereof 10-26-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cem., St. Louis Mo.  
18. (a) Signature of funeral director Arthur J. Donnelly  
(b) Address 3840 Lindell, St. Louis, Missouri  
19. (a) 11-15-46 (b) Ether Rudloff  
(Date received local registrar) (Registrar's signature)

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 George H. Reeves (M. D. or other) M.D.  
Address Farmington Mo. Date signed 10/24/46

244 (Licensed Embalmer's Statement on Reverse Side)

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

Case No. 4  
File Number 1146-2881  
Date Filed 11-19-46

NOV 26 1946

**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 Stanley Marshall  
Licensed Embalmer No. 2868  
P. O. Address 3840 Ludell

**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.**