

U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27678**
Registrar's No. **6865**

FILED AUG 23 1948
Registration District No. **348**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 Days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **William Fahr**

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

4. Sex **F** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Sept. 23 1880**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 10 9 hr. min.

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

10. Usual occupation **Maintainence Army**

11. Industry or business

12. Name **John Fahr**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Cooper S. Hammond**

(b) Address **5009 Alaska Ave.**

17. (a) **Burial** (b) Date thereof **8-3-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bolden Cem. Eddyville**

18. (a) Signature of funeral director **Wm. Schumacher**

(b) Address **3013 Meramec St.**

19. (a) **AUG 5 1948** (b) **J. T. Bredack**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000 17**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **20 N. Spring Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8-2-48** day
year **1948** hour **10:30** A.M. minute M.

21. I hereby certify that I attended the deceased from **7-27-48** to **8-2-48**
that I last saw him alive on **8-2-48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Secondary carcinoma of liver** Duration **2**

Due to **carcinoma of pancreas**

Other conditions **460**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy **Ca of pancreas & metastases to liver & parietoneum**

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? **Ill**

(Specify type of place)
While at work?..... (e) Means of injury.....
23. Signature **Anthony K. Miskel** (M. D. or other) **MD.**
Address **13258 Grand Blvd** Date signed **8/13/48**

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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

Robert M. Murray

- - - Licensed Embalmer No.

3749

P. O. Address

St. Louis, Mo.

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.