

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **10009**

No. 300

10.48

BIRTH NO. **49-017951** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2093**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>MOU</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		17 6
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthonys Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>4241a S. Grand Bl.</b>		
3. NAME OF DECEASED (Type or Print) <b>Infant</b>		a. (First)	b. (Middle)	c. (Last) <b>Fahey</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>3- 5- 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>3-4-1949</b>	9. AGE (In years last birthday) (Specify) <b>1</b>	IF UNDER 1 YEAR Months <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <b>Joseph Fahey</b>		13b. MOTHER'S MAIDEN NAME <b>Harriet Montgomery</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Joseph Fahey</b>		ADDRESS <b>4241a S. Grand</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>139</b> DUE TO (c) <b>776X</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>3/4/49</b> , 19 <b>49</b> to <b>3/4</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>3/4</b> , 19 <b>49</b> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <b>J. S. Michael</b>			23b. ADDRESS <b>812 Olive</b>	23c. DATE SIGNED <b>3/5/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>3-7-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Laural Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>3-7-49</b>		REGISTRAR'S SIGNATURE <b>J. B. Casader</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Weick Bro. Und. Co.</b>	
				ADDRESS <b>2201 S. Grand</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

V. E. Weeks and L.  
912 ~~Division~~

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 \_\_\_\_\_

*not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *James R. Dunn*

Licensed Embalmer No. *4527*

P. O. Address *2201 S Grand*

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.