

FILED MAR 24 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11567**  
Registrar's No. **2448**

318 PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>2448</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place) <b>1 DAY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		<b>2059</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>5 6015 PASHING</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ERNEST</b>		b. (Middle) <b>JOSEPH</b>		c. (Last) <b>FAYE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAR 3, 1953</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JAN 10, 1899</b>	
9. AGE (In years last birthday) <b>54</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Novelty - Wholesale</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>GERMANY</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work doing during part of working life, even if retired) <b>SALESMAN</b>		13a. FATHER'S NAME <b>JOS. FAYE</b>		13b. MOTHER'S MAIDEN NAME <b>HERMINIA FURTH</b>		14. NAME OF HUSBAND OR WIFE <b>GERTRAUD</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>498-18-7731</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>GERTRAUD FAYE - 6015 PASHING</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary artery occlusion</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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)		21f. HOW DID INJURY OCCUR? <b>4201</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <b>1948</b> , to <b>March 3, 1953</b> , that I last saw the deceased alive on <b>March 3, 1953</b> , and that death occurred at <b>4:25 pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Oran J. Fairley</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>462 No. Taylor</b>		23c. DATE SIGNED <b>3/4/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>3/5/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>BRITH Shalom</b>		24d. LOCATION (City, town, or county) (State) <b>UNIVERSITY CITY MO</b>	
DATE REC'D BY LOCAL REG. <b>MAR 4 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McBryen Memorial - 8715 The Plenum</b>			

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

**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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed  \_\_\_\_\_  
Licensed Embalmer No. 4229

P. O. Address \_\_\_\_\_

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.