

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**44193**

State File No. ....

**11846**

No. 300  
10-48

**FILED JAN 5 1954**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. ....

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>15 yrs.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis State Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>6289 Magnolia Ave.</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Dr. Harry</b> b. (Middle) <b>R.</b> c. (Last) <b>Faherty</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Dec. 15, 1953.</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>married</b>	<b>8. DATE OF BIRTH</b> <b>9-18-80</b>
<b>9. AGE</b> (In years last birthday) <b>73</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Dentist</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Ruma, Illinois</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b>		<b>13. NAME OF HUSBAND OR WIFE</b> <b>Jennie Faherty</b>	
<b>13a. FATHER'S NAME</b> <b>Henry Faherty</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Julia M. Moore</b>	
<b>14. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>		<b>15. SOCIAL SECURITY NO.</b> <b>None</b>	
<b>16. INFORMANT'S SIGNATURE OR NAME</b> <b>Jennie Faherty</b>		<b>17. ADDRESS</b> <b>6289 Magnolia Ave.</b>	
<b>MEDICAL CERTIFICATION.</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Gastro-intestinal bleeding, cause unknown</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>3 wks.</b>	
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Coronary infarct</b>	
<b>19a. DATE OF OPERATION</b> <b>11-27-53</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Gastro-intestinal bleeding, cause unknown</b>	
<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>21. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	
<b>21a. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21b. CITY, TOWN, OR TOWNSHIP</b> (COUNTY) (STATE)	
<b>21c. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21d. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21e. HOW DID INJURY OCCUR?</b>		<b>21f. HOW DID INJURY OCCUR?</b> <b>578x</b>	
<b>22. I hereby certify that I attended the deceased from 11-22-53, 19 10-15-1953, that I last saw the deceased alive on 12-15-1953, and that death occurred at 1:35 p. m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <i>Philip A. Riley</i> (Degree or title)		<b>23b. ADDRESS</b> <b>1325 S. Grand St. Louis, Mo.</b>	
<b>23c. DATE SIGNED</b> <b>12/15/53</b>		<b>24. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Mo.</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>Dec. 18, 1953</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Calvary Cemetery</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Mo.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>DEC 16 1953</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Carl Smith</i> <b>ADDRESS</b> <b>Kriegshauser 4228 S. Kingshighway Bl.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

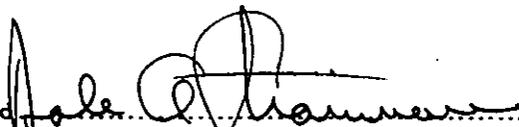
---

---

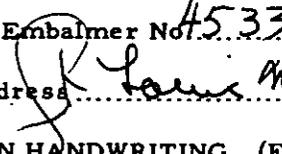
STATEMENT BY LICENSED EMBALMER

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.....  
Signature of Student Embalmer

Signed  .....

Licensed Embalmer No. 4533

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.