

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35343

State File No.

FILED OCT 26 1954

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9137

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>4 DAYS</u>		• STREET ADDRESS (If rural, give location) <u>10 4038 DRYDEN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHNS HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) <u>EMILY</u>		a. (First)	b. (Middle)	c. (Last) <u>FAHEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10 5 54</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>JUNE 20, 1890</u>	9. AGE (In years last birthday) <u>64</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MISSOURI</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	

13a. FATHER'S NAME <u>PATRICK FAHEY</u>		13b. MOTHER'S MAIDEN NAME <u>EMILY BODLEY</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>493-03-6693</u>		17. INFORMANT'S SIGNATURE OR NAME <u>KATHLEEN LEONARD 4038 DRYDEN</u>	

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, anasthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of breast</u> DUE TO (c) <u>Confirmed by biopsy</u>		MEDICAL CERTIFICATION <u>Carcinomatosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u> <u>1 yr</u> <u>(approx)</u>	
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)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>170X</u>	
22. I hereby certify that I attended the deceased from <u>March 18, 1954</u> to <u>5 Oct 1954</u> , that I last saw the deceased alive on <u>2 Oct 1954</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.					

23a. SIGNATURE <u>Thomas H. Bold MD</u>		23b. ADDRESS <u>6000 W. Harrison</u>		23c. DATE SIGNED <u>7 Oct 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-9-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GALVARY CEMETERY</u>	
		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MISSOURI</u>			

DATE REC'D BY LOCAL REG. <u>OCT 8 1954</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith Jr. D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STROOT & CARROLL 4600 NATURAL BRIDGE</u>	
---	--	--	--	---	--

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

THUR 2-4
6000 No FLORISSANT
DR BOLDT

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..... *M. W. Rueter*

Licensed Embalmer No. *4865*

P. O. Address *St Louis*

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.