

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Los Angeles May 20 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

13231  
Do not use this space.

1. PLACE OF DEATH *Int. Bldg. Gejg. 2642*

(a) County *1* Registration District No. *791*  
(b) Township *1* Primary Registration District No. *1008*  
(c) City *ST. LOUIS* (d) Street No. *3534 - HENRIETTA* Registered No. *3835*  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *HARRY - FAX (FAY) 000*

(a) Residence, No. *3534 1/2 Henrietta* St. *17* (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mary Fay - deceased*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 13 - 1865*

7. AGE YEARS *72* MONTHS *11* DAYS *10* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Clerk*

9. Industry or business in which work was done, as saw mill, bank, etc. *Rice Store Longwood*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 23*, 19 *38*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 4*, 19 *36*, to *April 23*, 19 *38*.  
I last saw him alive on *April 15*, 19 *38*. Death is said to have occurred on the date stated above, at *8 P.M.*  
The principal cause of death and related causes of importance were as follows:  
*Carcinoma of Stomach* Date of onset

Other contributory causes of importance:  
*Arterio-Sclerosis*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New York City* *U-S-A*

FATHER 13. NAME *Michael Fay* 5  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland* 5

MOTHER 15. MAIDEN NAME *Winifred Mary*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

17. INFORMANT *Miss Elizabeth Johnson* (ADDRESS) *3534 1/2 Henrietta St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cathary* DATE *April 26*, 19 *38*

19. FUNERAL DIRECTOR *Edw. H. Howard & Son* (ADDRESS) *4212 St. Louis ave*

20. FILED *APR 25 1938* *J.P. Beck* Local Registrar

Name of operation Date of  
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury, 19  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify  
(Signed) *J.P. Doyle* M.D.  
(Address) *Metropolitan Bldg St. Louis*

STATEMENT BY LICENSED EMBALMER

I, Edward J. Howard, Licensed Embalmer No. 1443

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Edward J. Howard

Licensed Embalmer No. 1443

**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.)**