

Registration District No. **791**
1008Primary Registration District No. **NOV 13 1939**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4111 North Euclid Avenue **2**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days) 40 years

3. (a) PRINT
FULL NAMEJOHN A. FAY, **000**3. (b) If veteran,
name war None3. (c) Social Security
No. None4. Sex Male5. Color or
race White6. (a) Single, widowed, married,
divorced Widow6. (b) Name of husband or wife
Ida Fay6. (c) Age of husband or wife if
alive deceased7. Birth date of deceased Oct
(Month)21 1865
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

7406

hr. min.

9. Birthplace

Germany **1a**
(City, town, or county) (State or foreign country)

10. Usual occupation

Grocery Store (Prop.) **1c**

11. Industry or business

MOTHER FATHER { 12. Name Zochius Fay **1a**13. Birthplace Germany **1c**
(City, town, or county) (State or foreign country)14. Maiden name NOT KNOWN **1c**
(City, town, or county) (State or foreign country)15. Birthplace Germany **1c**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature

(b) Address 4111 North Euclid AveBurial(b) Date thereof 10/30/39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Math. Hermann & Son(b) Address 2161 East Fair Avenue19. OCT 27 1939 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis **7**
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4111 North Euclid Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 60 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27
year 1939 hour 1 minute 30 A.M.21. I hereby certify that I attended the deceased from November
26, 1938, to October 27, 1939
that I last saw him alive on October 26, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of stomach

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: Carcinoma involving
Of operations nearly all of stomach

Of autopsy _____

Duration

1 yr.

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work _____

(Specify type of place)

(e) Means of injury _____

28. Signature Henry A. Hagedorn (M. D. or other) **1**
Address 607 1/2 Grand St. Date signed 10-27-39

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Leonard Hampton*.....

Licensed Embalmer No. *2967*.....

P. O. Address *St. Louis Mo.*.....

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, above space should be left blank.