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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 23909

FILED AUG 28 1941

Registration District No. 701

Primary Registration District No. 1003

Registrar's No. 6251

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WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

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:  
BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 Days.  
(Specify whether

In this community 18 Days. 0  
years, months or days)

3. (a) PRINT FULL NAME JAMES FRANCIS FAHEY

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Margaret Fahey.

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 13, 1866  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>74</u> | <u>2</u> | <u>17</u> | hr. _____ min. _____ |

9. Birthplace Newark valley New York City.  
(City, town, or county) (State or foreign country)

10. Usual occupation Leather Inspector.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Daniel Fahey.

13. Birthplace Ireland. 4  
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Farrell.

15. Birthplace New York. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul W. Fahey.

(b) Address 326 W. Church St. Lock Haven, Pa.

17. (a) Burial (b) Date thereof 7-30-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hubbard Woods, Ill.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Ladell Blvd.

19. (a) JUL 30 1941 (b) Wheat  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State PENNSYLVANIA (b) County 36

(c) City or town Ridgway 270  
(If outside city or town limits, write "RURAL")

(d) Street No. Hyde Hotel  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30  
year 1941 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from July 22, 1941 to July 30, 1941; that I last saw him alive on July 30, 1941, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Carcinoma of rectum ?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions H10  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of rectum

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

23. Signature C. Fischer (M. D. or other) D

Address BARNES HOSPITAL Date signed 7/30/41

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**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.....

*W.H. Van Matre*

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

**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.**