

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **26246**

FILLED **AUG 8 1941**  
Registration District No. **1824**

Primary Registration District No. **200**

Registrar's No. **1626**

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Normandy  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Immaculate Heart Convent **4**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether In this community years, months or days)

Nora Fahey

**3. (a) PRINT FULL NAME** Sister Mary Of St. Constance

8. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Aug. 10, 1879  
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 23  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Forth Worth Texas.  
(City, town, or county) (State or foreign country)

10. Usual occupation Nun or Sister

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

12. Name Michael Fahey

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

14. Maiden name Harriet Fahey **RON**

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

16. (a) Informant Sister Clemente

(b) Address 7626 Natural Bridge Road.

17. (a) Burial (b) Date thereof Aug. 4/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiament Ave.

19. (a) **AUG 3 - 1941** (b) [Signature]  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis **96**

(c) City or town Normandy **0**  
(If outside city or town limit write "RURAL")

(d) Street No. 7626 Natural Bridge Road,  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Ireland **0** years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 2 nd.  
year 1941 hour 4:25 minute P.M. M.

21. I hereby certify that I attended the deceased from Jan, 1934  
19\_\_\_\_ to August 2nd 19 41

that I last saw h. or alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Chro- Cardio Vascular  
Renal Disease, Chro Hypertension **Seven**  
Chro- Int-Nephritis, Arterio Sclerosis **Yrs**

Due to Myo-Carditis & Block.  
Secondary: Uremia -Uremia-Coma.

Due to Myo-Cardia Decompensation **Eight**  
**Yrs.**  
**Eight**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations No organ **13/0**

Of autopsy NO

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? \_\_\_\_\_

(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury

23. Signature [Signature] (M. D. or other) **0**  
Address 3715 Denning Res Date signed 8/2/41

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

36  
00

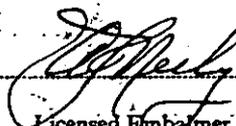
**STATEMENT BY LICENSED EMBALMER**

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

  
.....  
Licensed Embalmer No. 3225

P. O. Address 125 Hodiamont

**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.**