

No. 2  
-13-40  
17-39  
X23159

Registration District No. 780

Primary Registration District No. 200

State File No. \_\_\_\_\_

Registrar's No. 1979

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Manchester Nursing Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 months  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME MICHAEL FAHEY

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

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

4. Sex M (1) 5. Color or race W

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 April 17, 1862  
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo. (1)  
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

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

12. Name Edward Fahey

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

14. Maiden name Margaret Rust

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

16. (a) Informant Mary Florence

(b) Address 7154 N. Wise Ave

17. (a) Burial (b) Date thereof Sept 27-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Gertrude Cem. E. St. Louis Mo.

18. (a) Signature of funeral director M. J. Campbell

(b) Address 7146 Manchester Ave. St. Louis Mo.

19. (a) SEP 25 1941 (b) R. H. MacLaron  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 3335 Greenwood Bl.  
(If rural, give location)

(e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24  
year 1941 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from February, 1941, to Sept 24, 1941;  
that I last saw him alive on Sept. 24, 1941;  
and that death occurred on the date and hour stated above.

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

Coronary Thrombosis 5 days

Due to Arteriosclerosis Over 20 y.

Due to Senility 60 y.

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

None

Major findings: \_\_\_\_\_

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

Of autopsy no autopsy

Duration

Over 20 y.

60 y.

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 M. J. Campbell (M. D. or other) MD

Address 1125 1/2 Hamilton Date signed Sept 25 41

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

MOTHER FATHER

*W. B. C.  
Hamilton  
Dempsey*

VERA J. JENNIN

**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 *Francis A. Williamson*

Licensed Embalmer No. *3565*

P. O. Address *7401 Zephyr Pl*

**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.**