

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5213 Wells Ave.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5213 Wells Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Earl Edmond Fay

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 Married
6. (b) Name of husband or wife Mabel Fay 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased May 14 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 1 18 hr. min.

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

10. Usual occupation Floor Contractor

11. Industry or business (Retired)

MOTHER, FATHER { 12. Name James Hm Fay
13. Birthplace Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Jordan
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mabel Fay
(b) Address 5213 Wells Ave.

17. (a) Burial (b) Date thereof 7-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) Ill. 2-106 (b) J. F. Brudick
(Date received local registration) (Registrar's signature)

844 (Licensed Embalmer's Statement of Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1942 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 27 1942 to July 2 1942
that I last saw him alive on July 1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage Duration 10 da

Due to arterial Hypertension

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings 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)
(c) Means of injury.....

23. Signature J. F. Brudick (M. D. or other)
Address 2305 W. Florence Date signed 7/3/42

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

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17
9

8

Mr. J. O. V. [unclear]
15th & Benton Co. 9927
9-10-1-3

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 Warren A. Carver
Licensed Embalmer No. 3534
P. O. Address.....

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.