No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 28702

Registrar's No. 7460

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Nil. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 48 Years, 2 Months, 8 Days. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri. (b) County 17

(c) City or town St. Louis. 910
(If outside city or town limits, write "RURAL")

(d) Street No. 4245 Lexington, Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frank R. Fairchild.

3. (b) If veteran, name war World War.

3. (c) Social Security No. None.

4. Sex Male. 5. Color or race White 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Ora.

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

7. Birth date of deceased June (Month) 27 (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
48	2	8	hr. min.

9. Birthplace St. Louis. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Policeman.

11. Industry or business

FATHER 12. Name Frank B. Fairchild. 1

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

MOTHER 14. Maiden name Augusta Helish. 4

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

16. (a) Informant Ora Fairchild.

(b) Address 4245 Lexington Ave.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Sept. 8 42. (Month) (Day) (Year)

(c) Place: burial or cremation Mount Lebanon. Cem.

18. (a) Signature of funeral director Suedmeyer Funl. Dir.

(b) Address 3934 No. 20th. St.

19. (a) SEP 7 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5th. year 1942 hour 2½ A.M. minute M.

21. I hereby certify that I attended the deceased from July 3, 1942 to Sept. 5 1942 that I last saw h. alive on Sept. 4, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart Failure	2 months
Due to: Hypertensive Heart Disease	5 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death): Bronchial Asthma	5 yrs

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature James H. Cummings (M. D.)

Address 4444 N. Euclid Date signed 9/5/42

(Licensed Embalmer's Statement on Reverse Side)

FILED
SEP 25 1940

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 Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 5934 Alpha

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.