

FILED APR 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10744

XC1723281

REG.#117202

BIRTH NO.

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 500

Registrar's No. 737

1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY OR TOWN JEFFERSON BARRACKS		c. LENGTH OF STAY (in this place) 12 DAYS		c. CITY OR TOWN OVERLAND		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP				e. STREET ADDRESS (If rural, give location) 9506 EVERMAN			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) M c. (Last) FAHEY			4. DATE OF DEATH (Month) (Day) (Year) 3-22-54				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 1-20-1896	
9. AGE (in years last birthday) 58		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman			10b. KIND OF BUSINESS OR INDUSTRY unk.		11. BIRTHPLACE (City and State or Foreign Country) JERSEYVILLE, ILL.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME PATRICK FAHEY.			13b. MOTHER'S MAIDEN NAME BRIDGET DUGGAN		14. NAME OF HUSBAND OR WIFE IRENE L. FAHEY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO. WW I 489076915		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS., JEFF. BRKS., MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE HEMORRHAGIC PANCREATITIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARCINOMA OF GALL BLADDER DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 155X					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I, hereby certify that I attended the deceased from 3-10-54, 19, to 3-22-54, 19, that I had seen the deceased before and that death occurred at 10:25A m., from the causes and on the date stated above.							
23a. SIGNATURE Henry F. Westphal, M.D. (Degree or title)				23b. ADDRESS VAH JEFFERSON BARRACKS, MO.		23c. DATE SIGNED 3-22-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-24-54		24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.	
DATE REC'D BY LOCAL REG. 3/23/54		REGISTRAR'S SIGNATURE Richard K. Ambler		25. FUNERAL DIRECTOR'S SIGNATURE SOUTHERN FUNERAL HOME ADDRESS 6322 S. GRAND BLVD.			

(Licensed Embalmers' Statement on Reverse Side)

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 Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 45

P. O. Address 6322 St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.