MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-037014

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2616

FILED SEP 20 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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2 2049 ~~4000~~
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St.Joseph Hospt. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St Louis
c. CITY OR TOWN St.Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 6702½ Clayton Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Ethel Middle J Last Fairchild

4. DATE OF DEATH Month Sept. Day 6 Year 1962

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 11/24/1889

9. AGE (last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and state or country) St.Louis,Missouri

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William Nirk

13b. MOTHER'S MAIDEN NAME Margaret

14. NAME OF HUSBAND OR WIFE George Fairchild Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) **********

16. SOCIAL SECURITY NO. UNK

17. INFORMANT Jas.E.Fairchild Address 1415 Ferguson Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH 1 yr. ±

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Metastatic ca. rt. breast — 5-6 yr.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ASHD

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1959, to 1962 and last saw her/him alive on 6 Sep '62

Death occurred at 11:45p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. Johnstone, Jr., M.D.

22b. ADDRESS 206 W. Argonne (22)

22c. DATE SIGNED 8 Sep '62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 9-10-62

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) St.Louis Missouri (State)

24. FUNERAL DIRECTOR J.W.Clark F.H. ADDRESS 1125 Hodiamont Ave.

25. DATE RECD. BY LOCAL REG. 9-10-62

26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr. J.Johnstone
206 W Argonne Ave.
Yo. 6 3400 9am Sat.

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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No. 4511

P. O. Address St Louis Mo

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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