

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

32357

1. PLACE OF DEATH

County..... Registration District No. 791 File No.
 Township..... Primary Registration District No. 1003 Registered No. 9772
 City S. St. Louis Mo. (No. 3543A Caroline St.) St. Ward)

2. FULL NAME

Anna Fogarty
 (a) Residence. No. 3543A Caroline St. 18 Ward.
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF William Fogarty

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1-1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>66</u>	<u>4</u>	<u>29</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) 4
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

10. NAME OF FATHER Wm Beard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Elizabeth Gordon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Mrs. Wm Fogarty
 (Address) 3543A Caroline St.

15. FILED NOV -1 1927 Maul & Starckoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 30 1927
 17.

I HEREBY CERTIFY, That I attended deceased from April 24, 1927, to Oct 30, 1927, that I last saw her October 30, 1927, and that death occurred, on the date stated above, at 8:45P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis
131
93E (duration) 2 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Chronic Myocarditis
 (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 0/129W
 NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Lab & Physical
 (Signed) Stephen DeGleau, M. D.

(Address) no 1, 1927 (Address) 3202 1/2 Park.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cemetery DATE OF BURIAL Nov 2 1927

20. UNDERTAKER E. J. Schmur ADDRESS 3725 Lafayette av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD WITH OUPADING THIS IS A PERMANENT RECORD

