

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.

50 AUG 12 1938

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

23462
Do not use this space.

1. PLACE OF DEATH

(a) County
 (b) Township
 (c) City St. Louis Mo. (d) Street No. 791 1008 Registration District No.
 Primary Registration District No. BARNES HOSPITAL Registered No. 6156
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Jane Fagan

(a) Residence, No. 456 Plum St. Edwardsville Ill.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Richard Fagan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 8-1871</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>2</u>
	DAYS <u>2</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>None</u>	
	10. Date deceased last worked at this occupation (month and year) <u>June 1938</u>	
	11. Total time (years) spent in this occupation <u>48</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Osage, Mo. Ireland</u>		
FATHER	13. NAME <u>White</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT (ADDRESS) <u>Richard Fagan Edwardsville Ill.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Edwardsville</u> DATE <u>July 10 1938</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Wm. Strawn Edwardsville Ill.</u>		
20. FILE NO. <u>111 10 1938</u> <u>J. D. Brubaker</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10th 1938

22. I HEREBY CERTIFY, That I attended deceased from July 7th, 1938, to July 10th, 1938
 I last saw her alive on July 10th, 1938. Death is said to have occurred on the date stated above, at 12.50 A.M.
 The principal cause of death and related causes of importance were as follows:

Hypertension
Hypertensive heart disease
Pulmonary Edema

Date of onset	<u>Sept</u>
	<u>Sept</u>
	<u>21st</u>

Other contributory causes of importance:
Chronic nephritis
Hypertension (?)
Arteriosclerosis

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) FR Malley M. D.
BARNES HOSPITAL
 (Address)

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

Jewel Edwards

Licensed Embalmer No.

3548

P. O. Address

Madison, Ill.

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, above space should be left blank.