

AUG 25 1940

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6140

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Desloge Hospital /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether
In this community Birth
years, months or days)

3. (a) PRINT FULL NAME Perry, J. Fagan 250

8. (b) If veteran, 488-12-3998 name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Fagan nee Keniston 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased May 28, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 1 23 hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Salesman

MOTHER FATHER { 12. Name James Fagan
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Caroline Wyatt
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Fagan
(b) Address 4531 Red Bud Ave

17. (a) Burial (b) Date thereof 7/24/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Calvary Cemetery
2161 East Fair Ave

18. (a) Signature of funeral director _____

(b) Address _____
19. (a) JUL 23 1940 (b) J. F. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 9
(If outside city or town limits write "RURAL")
(d) Street No. 4531 Red Bud Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7/21/40 day _____
year _____ hour 9:00 PM minute _____ M.

21. I hereby certify that I attended the deceased from 7/15/40
_____, 19____, to 7/21/40, 19____;
that I last saw him alive on 7/21/40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Decompenated heart Duration _____
Pulmonary edema _____

Due to Myocardial pathology ✓
Generalized arteriosclerosis ✓
Due to Hypertension ✓

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Geo. D. DeLoe (M. D. or other) _____
Address Armon DeLoe Date signed 7/22/40

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

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 *William G. Buchholz*

Licensed Embalmer No. *2110*

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 this body is not embalmed, above space should be left blank.