

Registration District No. **7911**

Primary Registration District No. **1003**

Registrar's No. **10711**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Spring & Easton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3
(Specify whether years, months or days)

In this community 3
years, months or days

3. (a) PRINT FULL NAME: Clarence L. Fogarty

3. (b) If veteran, name war _____ **3. (c) Social Security No.** None

4. Sex: Male **5. Color or race:** White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: _____ **6. (c) Age of husband or wife if alive:** _____ years

7. Birth date of deceased: October 11 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>2</u>	<u>14</u>	_____ hr. _____ min.

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

10. Usual occupation: Paper Hanger

11. Industry or business: Himself

12. Name: Frank Fogarty

18. Birthplace: Bunker Hill Illinois
(City, town, or county) (State or foreign country)

14. Maiden name: Alice Murray

15. Birthplace: White Hall Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant: Alice Fogarty

(b) Address: 3712 Evans Ave.

17. (a) Burial (Burial, cremation, or removal): Burial **(b) Date thereof:** 12-28-40
(Month) (Day) (Year)

(c) Place: Calvary Cemetery

18. (a) Signature of funeral director: _____ **(b) Address:** 1710 N. Grand Blvd.

19. (a) DEC 27 1940 (Date received local health officer) **(b) J. W. Bredich (Registrar's signature)**

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis **11**
(If outside city or town limits, write "RURAL")

(d) Street No. 3712 Evans Ave. **0**
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25
year 1940 hour 1 minute 04 a. m.

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

Immediate cause of death: fracture of skull and subdural hemorrhage of the brain when he was struck and knocked to the street by an automobile, driver unknown, - who failed to stop, at Spring and Easton Ave., about 1.00 o'clock A.M., Dec. 25, 1940.

Due to HOMICIDE

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

PHYSICIAN

Major findings: _____
Of operations: _____
Of autopsy: _____

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) Homicide

(b) Date of occurrence 12/25/1940

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place
(Specify type of place)

While at work? _____ **(e) MEANS OF INJURY:** _____

23. Signature: Walter Perry **(M. D. or other)** **5**
Address: _____ **Date signed:** 12/27/40

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.....

Fred Frick

..... Licensed Embalmer No. 3186

..... 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.