

DEC 22 1941 791

State File No. _____
Registrar's No. 8736

Registration District No. _____

Primary Registration District No. _____

1005

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179
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: ST. ANTHONYS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 7123, ~~Canterbury~~
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PATRICK A. FAGAN

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWER
6. (b) Name of husband or wife JOSEPHINE FAGAN 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased SEPT 1 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business LETTER CARRIER

12. Name UNK. FAGAN

13. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. W. Peisker

(b) Address 822 27th Madison av.

17. (a) BURIAL (b) Date thereof NOV 21 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLD S. S. PETER + PAULS CH.

18. (a) Signature of funeral director E. J. Schurer

(b) Address 3125 Lafayette av.

19. (a) NOV 3 1941 (b) J. J. Bredek
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1
year 1941 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct. 25th, 1941 to Death 11/1/ 1941
that I last saw him alive on Nov. 1st, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 2 da.
Due to Chronic Arteriosclerosis and
Due to Interstitial Nephritis 1 yr.

Other conditions (Include pregnancy within 3 months of death)

Major findings: MI PHYSICIAN _____
Of operations _____ Underline the cause to which death should be charged statistically.
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) XXXX
(b) Date of occurrence XXXX
(c) Where did injury occur? XX
(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) Means of injury _____
23. Signature Dr. W. H. Walters (M. D. or other) M.D.
Address 3608 South Grand Blvd. Date signed 11/3/41

7/13 Eastman

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.....

Jose B. Dollman

Licensed Embalmer No. *4014*

P. O. Address *3125 La Fayette Ave.*

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, fact should be so stated above.