

REG. DIST. 24 1941
Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether
In this community 50 YRS.
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. 1441 A. CHAMBERS. STR S
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22.
year 1941 hour 2:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from December
20. 1941 to December 22. 1941.
that I last saw him alive on December 22. 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Arteriosclerosis Heart
Due to _____
Disease

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)
(a) Means of injury _____
23. Signature _____ (Date signed) 12/23/41
Address 1515 Lafayette Avenue. Date signed _____

3. (a) PRINT FULL NAME Peter Fogerty
(b) If veteran, name war NONE (c) Social Security No. 499-01-239T

4. Sex MALE (M) 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ALVINA FOGERTY 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased MAY 19th 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 7. Days 3. If less than one day _____ hr. _____ min.

9. Birthplace ILLINOIS (City, town, or county) (State or foreign country)
10. Usual occupation STOVE MOULDER

MOTHER FATHER { 11. Industry or business _____
12. Name PETER FOGERTY
13. Birthplace IRELAND (City, town, or county) (State or foreign country)
14. Maiden name MARY FITZGERALD (City, town, or county) (State or foreign country)
15. Birthplace IRELAND (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Alvina Fogerty
(b) Address 1441 A Chambers
17. (a) BURIAL (b) Date thereof DEC 24-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM. Brockland and Co
18. (a) Signature of funeral director 1827 HOGAN SYR
(b) Address _____
19. (a) DEC 20 1941 (b) J. F. Bredek
(Date received from Registrar) (Registrar's signature)

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

00
17
F

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..... *Guy W. Wilkinson*.....
..... Licensed Embalmer No. *3575*.....

P. O. Address.....

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.