

FILED APR 13 1948 18

Registration District No.

Primary Registration District No.

1003

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: Proounced dead City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... 000  
(c) City or town..... St. Louis, 1725  
(If outside city or town limits, write "RURAL")  
(d) Street No..... 112 1/2 No. 6th St  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME John Palmer Fogerty.

3. (b) If veteran, name war World's War 3. (c) Social Security No. ?

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married Single

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

7. Birth date of deceased April 27, 1887.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 11 5 hr. min.

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

10. Usual occupation Machianest

11. Name of father John A. Fogerty

12. Birthplace Canada  
(City, town, or county) (State or foreign country)

13. Maiden name Mary Ellen Doughan

14. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Matt C. Fogerty

(b) Address 6840 Bartmer Ave.,

17. (a) Burial (b) Date thereof April 5/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.,

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave

19. (a) APR 4 1948 (b) J. F. Blaney  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1  
year 1944 hour 10:15 minute A. M.

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

Immediate cause of death.....

Coronary Thrombosis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy.....

Duration

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) Degree of injury 3

23. Signature W. H. Perry (M. D. or other) 3  
Address ..... Date signed .....

CITY CORONER

**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.....

*Alan J. Neely*  
Licensed Embalmer No..... 3225

P. O. Address 1125 Hodiemont 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.**

State of Missouri  
City St. Louis } ss.  
County of .....

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 3167

On this 3 day of May, 1944, before me appears .....

May Fogerty, who, upon her oath, states that the original record of birth death  
for John Palmer Fogerty, ~~died~~ born 4-I-1944, 19....., in the State of  
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 6 should read Married  
Instead of Single

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant May Fogerty Wife Relationship.

211 Russel Ave

Present Address.

Subscribed and sworn to before me this 3 day of May, 1944.

My Commission expires March 4, 1945 Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

8933