

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis 3
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3103a Lucas Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community 40 Yrs.
years, months or days)

3. (a) PRINT FULL NAME Arthur Fagala

3. (b) If veteran, name war No 3. (c) Social Security No. 488-18-6840

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

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	-	-hr.min.

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

10. Usual occupation Portor

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown

{ 13. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

{ 15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Oruella F. Cook (Daughter)
 (b) Address 3103a Lucas Avenue

17. (a) Burial (b) Date thereof Jan. 11-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Peoples Und. Co.
 (b) Address 3100 Franklin Avenue 6

19. (a) JAN 10 1945 (b) J. Bedek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 3103a Lucas Avenue
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8
 year 1945 hour 10 minute 35 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 Chronic Myocarditis
Chronic Atherosclerotic Hypertension
Arteriosclerosis

Due to.....
 Due to..... 1/3/45

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?
(Specify type of place)

While at work.....
 Signature Thomas F. Callaway (M. D. or other)
 Address Crown Date signed 1-10-45

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.....

Getie G. Petrus

Licensed Embalmer No. *4684*

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, fact should be so stated above.