No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 25 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10167

Registrar's No. 2693

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

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5064 Queens Ave (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5064 Queens Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: James Thomas Fogarty
3. (b) If veteran, name war:
3. (c) Social Security No. 489-01-6910

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Ruth Marie Fogarty
6. (c) Age of husband or wife if alive: 48 years
7. Birth date of deceased: February 12, 1895 (Month) (Day) (Year)

8. AGE: Years 53 | Months 1 | Days 4 | If less than one day hr. min.

9. Birthplace: St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Wholesale Produce Clerk
11. Industry or business:
FATHER 12. Name: Chas. Fogarty
13. Birthplace: Ireland (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: ----Burke
15. Birthplace: Ireland (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Ruth Fogarty
(b) Address: 5064 Queens Ave
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 3-19-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Harrigan & Sheahan
(b) Address: 4415 Washington Bl.
19. (a) MAR 18 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 year 1948 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from November 1, 1946 to March 16, 1948 that I last saw him alive on Feb 1 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	1 Day
Due to: Coronary type Myocarditis	2 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? (e) Means of injury
23. Signature: P. S. Stenger M.D. (M. D. or other)
Address: 4647 Maryland Date signed 3/17/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 By W Wilbinson

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.