

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

59-022883

State File No. 2 4738  
Registrar's No. \_\_\_\_\_

FILED JUN 19 1959

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri				c. LENGTH OF STAY (In this place)			
d. FULL NAME OF HOSPITAL OR INSTITUTION INCARNATE WORD HOSPITAL				e. CITY (If outside corporate limits, write RURAL and give township) Lemay, 25, Missouri			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. AGE (In years last birthday)	
a. (First) Mary		b. (Middle) Fogerty		c. (Last) Fogerty		Month	Day
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) O		8. DATE OF BIRTH 5-14-59		Months	Days
9. SEX Female		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY None		If UNDER 1 YEAR	If UNDER 14 HRS.
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Thomas Edward Fogerty		13b. MOTHER'S MAIDEN NAME Helen M. Osborne	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Thomas E. Fogerty, 1910 Telegraph Rd.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Monatal atelectasis					
ANTECEDENT CAUSES		DUE TO (b) Hydrocephalus					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				752x	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8:10 A.M. 5-14-59, to 10:00 P.M. 5-14-59, that I last saw the deceased alive on 5-14, 1959, and that death occurred at 10:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE A. E. Kozlowski		23b. ADDRESS 3284 Frankoe		23c. DATE SIGNED 5-15-59			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/15/1959		24c. NAME OF CEMETERY OR EXHUMATORY S&S. Peter & Paul		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. MAY 15 '59		REGISTRAR'S SIGNATURE Loan Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE McLAUGHLIN'S, 2301 Lafayette Ave.			

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Not*  
James R. Chapman  
Licensed Embalmer No. 4550  
P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.