

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

39088

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St Louis (No. Monte St Steep)  
 Registered No. 69 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

David E. Fegan

(a) Residence, No. 2845 1/2 Folsom St. St. 17 Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 25 - 1906

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>21</u>	<u>9</u>	<u>6</u>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work clerk  
 (b) General nature of industry, business, or establishment in which employed (or employer) Orderman Co  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis  
 (STATE OR COUNTRY) mo

PARENTS

10. NAME OF FATHER Francis Fegan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mamie Conroy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis  
 (STATE OR COUNTRY)

14. INFORMANT Francis Fegan  
 (Address) 3848 1/2 Folsom Ave

15. FILED 1928 May 6 Starkloff  
 19. \_\_\_\_\_ Registrar

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-31-27

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 11:50 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Shock & Injuries  
Fractured skull  
Struck by auto in  
City  
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Accident

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Wm D. Dwyer M.D.  
1/3, 1928 (Address) Dep. Coroner

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cemetery DATE OF BURIAL Jan 4 1928

20. UNDERTAKER Thos J. Fegan ADDRESS 1579 S Grand Blvd

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

