

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

Do not use this space.

10328

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 103
City St. Louis (No. Mo. Baptist Hosp.)

File No.
Registered No. 2305
St. Ward)

2. FULL NAME

John W. Fogarty
(a) Residence No. 5550 Nat Bridge 6 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence Fogarty
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 7, 1890
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 2 27
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Stage Employ
(b) General nature of industry, business, or establishment in which employed (or employer) Grand Central Theatre
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ill.
(STATE OR COUNTRY)
10. NAME OF FATHER John Fogarty
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Nancy Lindsey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

14. INFORMANT Mr. Florence Fogarty
(Address) 5550 Nat Bridge

15. FILED 16 19 1930 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) March 4 1930
17. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1930, to March 4, 1930 that I last saw him alive on March 4, 1930 and that death occurred, on the date stated above, at 3:40 p.m.

57 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute dilatation of heart
1352
450 (duration) yrs. mos. 6 hours
CONTRIBUTORY Diabetes mellitus
(SECONDARY) with symptoms of urethra
and bladder non retention (duration) yrs. mos. 6 ds.
18. WHERE WAS DISEASE CONTRACTED after distention of bladder
IF NEAR PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? NO DATE OF.....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. A. Thompson, M. D.
March 30 (Address) 3121 N Grand

*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 Mt Hope E. St Louis DATE OF BURIAL Mar 7 1930

20. UNDERTAKER Mullen and Co. ADDRESS 516 Delmar

N. B.—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.

1930
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