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

Do not use this space.

7242

File No. 2126

Registered No.

APR 25 1934

1. PLACE OF DEATH

County

Township

City St. Louis Mo (No. St. Louis Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Charles M. Fogerty

(a) Residence, No. 6906 Natt Bridge St., 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~~ Ella Fogerty (nee Kelleatty)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-31-1878

7. AGE YEARS 55 MONTHS 3 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East St. Louis Ill.

FATHER

13. NAME Peter Fogerety

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER

15. MAIDEN NAME Margaret O'Brien

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT Ella Fogerety
(ADDRESS) 6906 Natt Bridge

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE March 3 1934

19. UNDERTAKER Frost & Carrod
(ADDRESS) 4600 Natt Bridge

20. FILED ..... 1934 19 J. A. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1934, to Feb 27, 1934

I last saw h. alive on Feb 27, 1934. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Larynx	
HTN	
10/8	
130	

Other contributory causes of importance:

Uremia

Name of operation Laryngectomy Date of Feb 13 1934

What test confirmed diagnosis? Pathological Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) F. C. Leighton M. D.

(Address) 3720 Washington Blvd.

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.