REC'D FEB 10 1939

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

22
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 791

(b) Township Primary Registration District No. 1003 Registered No. 22

(c) City St. Louis 1 (d) Street No. 4268 Sacramento St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 65 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

200

2. PRINT FULL NAME Ida Fogg

(a) Residence, No. 4268 Sacramento Avenue St. 10
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Edward B. Fogg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1861

7. AGE: Years 77 | Months 1 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Marion
(STATE OR COUNTRY) Ohio

FATHER
13. NAME Edson Scranton
14. BIRTHPLACE (CITY OR TOWN) 1
(STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Mary Ann Flinn 1
16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Ohio

17. INFORMANT Edward B. Fogg
(ADDRESS) 4268 Sacramento Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Memorial Park DATE Jan. 2, 1939

19. FUNERAL DIRECTOR (NAME) Kraeger-Voss-Fix
(ADDRESS) 3402 No. Kingshighway

20. FILED JAN 1 1939 J. F. Buchek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1938 to Dec. 28 1938, I last saw her alive on Dec. 28, 1938. Death is said to have occurred on the date stated above, at 3:10 a.m.

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

	Date of onset
Gastric Carcinoma	?

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? — Was there an autopsy? No.

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) Thomas P. Wilson, M. D.
(Address) 4362 Wayne

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Guy W Wilkinson

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, above space should be left blank.