

FILED DEC 29 1948
Registration District No. **3918**

Primary Registration District No. **1003**

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5217 KENSINGTON AVE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether In this community _____ years, months or days)

3. (a) PRINT FULL NAME MARY ELLEN FOGARTY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FEMALE / 5. Color or race WHITE

6. (a) Single, widowed, married. Divorced WIDOWED

6. (b) Name of husband or wife BERNARD J.

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased APRIL 25 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>7</u>	<u>16</u>	_____ hr. _____ min.

9. Birthplace Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name PATRICK J. SMITH

13. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

14. Maiden name ELLEN O'NEIL

15. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mary B Fogarty

(b) Address 5217 Kensington Ave

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Dec 14 1948
(Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM

18. (a) Signature of funeral director P. Mullen and Co

(b) Address 516 S. Adams St.

19. (a) DEC 13 1948 (Date received local registrar)

(b) J. Brebeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17

(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 5217 KENSINGTON AVE
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

* If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 11
year 1948 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Dec 6, 1948 to Dec 11, 1948
that I last saw him/her alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death BRONCHOPNEUMONIA Duration 3 days

Due to La Grippe 5 days

Due to _____

Other conditions Chr. myocarditis
(Include pregnancy within 3 months of death)

Major findings: Bronchial Asthma

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. Brebeck (M. D. or other) MD

Address 5430 South Blvd Date signed 12-13-48

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..... *H. G. Lewis*.....
Licensed Embalmer No. *3384*.....
P. O. Address..... *St. Louis*.....

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, fact should be so stated above.