S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39798

Primary Registration District No. 1003

Registrar's No. 11937

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Hospital #1 0
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 511
(If outside city or town limits, write "RURAL")

(d) Street No. 3732 Cozens Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mary Margaret Fogarty

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Fogarty

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased December (Month) 29 (Day) 1903 (Year)

8. AGE: Years 40 Months 0 Days 0 If less than one day hr. min.

9. Birthplace Wexford (City, town, or county) Ireland 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name James Kinsella

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

MOTHER 14. Maiden name Ann Cain

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

16. (a) Informant John Fogarty

(b) Address 3732 Cozens Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1- 3-44 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N Grand Blvd.

19. (a) DEC 31 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29 year 1943 hour 3 minute 50 p M.

21. I hereby certify that I attended the deceased from Jan. 1937 to Dec, 19__, to Dec 28, 1943 that I last saw her alive on Dec 28, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetic Coma	1 Day
Due to Diabetes Mellitus	6 yrs
Due to Arterio sclerotic CVR disease	3 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Vincent J. Fahrenkrug (M. D. or other) MD

Address 1401 Maryland Date signed 12/31/43

(Licensed Embalmer's Statement on Reverse Side)

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.