

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 13 1946
367

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41973
Registrar's No. 3458

Registration District No. _____ Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis Co.
(b) City or town Rural Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Vincent's San. O.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 34 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ELLA FAGAN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced S. O.
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 1 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 4 4 hr. min.

9. Birthplace Memphis, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Fagan
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Eliz. Walsh
15. Birthplace Memphis Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant SISTER MARGARET MARY
(b) Address St. Vincent Panitonia

17. (a) BURIAL (b) Date thereof Dec 6 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CATHARY

18. (a) Signature of funeral director C. W. Kelly
(b) Address 7247 Mat. Bridge

19. (a) 12-7-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 9/6
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. St. Vincent San
(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 4
year 1946 hour 10 minute 28 P.M.
21. I hereby certify that I attended the deceased from Dec 10
1945 to Dec 4 1946
that I last saw her alive on Dec 4 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Decompensation. Duration 1 day

Due to Hypertensive Cardio-Vascular Disease

Due to 93d
Other conditions Dementia Praecox
(Include pregnancy within 3 months of death)
Thrombophlebitis

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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) [Signature]
Address 7300 St. Charles Rch. Rd. Date signed 12-4-46

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 James G. Summers

Licensed Embalmer No. 442

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.