

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31465

FILED SEP. 21 1951

318

1003

State File No. ....

Registrar's No. 2230

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 2230	
1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		48200	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Louis State Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>9321 Niles</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CKARA</u>		b. (Middle)		c. (Last) <u>FOGARTY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 30 1951</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 1886</u>	
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James Fogarty</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Hoeckelmann</u>		14. NAME OF HUSBAND OR WIFE <u>James Fogarty</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Grace Kothe Wentzville Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignancy of Stomach, with metastasis (probably lymphosarcoma)</u>					
		ANTECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5:55 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>157X</u>			
22. I hereby certify that I attended the deceased from <u>Aug 1, 1951</u> , to <u>Aug 30, 1951</u> , that I last saw the deceased alive on <u>Aug 30, 1951</u> , and that death occurred at <u>2:50 PM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Mary J. Murphy, M.D.</u>				23b. ADDRESS <u>5100 Arsenal St</u>		23c. DATE SIGNED <u>8-30-51</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-1-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wentzville Mo</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>AUG 31 1951</u>		REGISTRAR'S SIGNATURE <u>J. E. Smith</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Pitman Wentzville Mo</u>			

WRITE PLAINLY—USING 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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed *John J. Harris*  
Student Embalmer No. ....  
Licensed Embalmer No. *4128*  
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.