

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

1 PLACE OF DEATH

County
Township
or
Village
or
City St. Louis

Registration District No. 791 File No. 7118
Primary Registration District No. 1003 Registered No. 1963
(No. 3444 Park Ave St.; 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John J. Fogarty

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3 SEX Male **4 COLOR OR RACE** White **5 SINGLE MARRIED WIDOWED OR DIVORCED** (Write the word) Married

16 DATE OF DEATH Feb 21, 1918
(Month) (Day) (Year)

6 DATE OF BIRTH May 24, 1868
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Sep, 1917, to Feb 21, 1918, that I last saw him alive on Feb 20, 1918, and that death occurred, on the date stated above, at 1 a.m.

7 AGE 49 yrs. 8 mos. 28 ds. If LESS than 1 day.....hrs. or.....min.?

The CAUSE OF DEATH* was as follows:
Uremia

8 OCCUPATION (a) Trade, profession, or particular kind of work Retired Merchant
(b) General nature of industry business, or establishment in which employed (or employer)

(Duration)..... yrs..... mos..... ds.
CONTRIBUTORY Chronic Int Nephritis
(Secondary)

9 BIRTHPLACE (City or town, State or foreign country) St. Louis Mo

10 NAME OF FATHER John Fogarty

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ireland

12 MAIDEN NAME OF MOTHER Anne Brennan

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ireland

(Duration)..... yrs..... mos..... ds.
(Signed) Chas Hugh Keelover M. D.
Feb 22, 1918 (Address) Sumner Bldg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Mary Fogarty
(Address) 3444 Park Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.
Where was disease contracted if not at place of death?

15 Filed FEB 22 1918 Max C. Starloff Registrar

19 PLACE OF BURIAL OR REMOVAL Calvary **DATE OF BURIAL** Feb 23, 1918
20 UNDERTAKER Edw. J. Howard & Son **ADDRESS** 3226 Park Ave