

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

Do not use this space.

791  
1033

17463

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. Home of Aged)..... (If nonresident, give city or town and State)  
St. Ward)

File No.....  
Registered No. 4367

**2. FULL NAME**

(a) Residence, No. 2209 Herbert St., 20 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 17<sup>th</sup> 1860

7. AGE 71 YEARS MONTHS 7 DAYS 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. labour (day)  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

13. NAME John Hagan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Catherine Mc Dowell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Sister James (ADDRESS) 2209 Herbert St.

18. BURIAL, CREMATION, OR REMOVAL PLACE laboury DATE 5-6 1932

19. UNDERTAKER Arthur J. Donnelly, 212 S. 6 (ADDRESS) 2209 Herbert St.

20. FILED 17 1932 Wm C. Starkey Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2<sup>nd</sup> 1932

22. I HEREBY CERTIFY, That I attended deceased from April 25<sup>th</sup> 1932 to May 2<sup>nd</sup> 1932  
I last saw alive on May 1<sup>st</sup> 1932 Death is said to have occurred on the date stated above, at 11 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis  
750  
11  
Arteriosclerosis  
Date of onset

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Arthur A. Prebaker, M. D.

(Address) 1525 Cass Ave.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

