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.

JAN 26 1934

96

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

Do not use this space.

6

File No. 41282

Registered No.

1. PLACE OF DEATH

County St Louis — Registration District No. 789

Township Central — Primary Registration District No. 6033 C

City Overland (No. 9526 Hawthorne ave St. Ward)

2. FULL NAME Richard Feagan

(a) Residence, No. 9526-Hawthorne Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 8 mos. 9 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26 1931

7. AGE: YEARS 2½ MONTHS 8 DAYS 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil 1935

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1184

10. Date deceased last worked at this occupation (month and year) 1940

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Overland Mo

FATHER

13. NAME Frank Feagan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

MOTHER

15. MAIDEN NAME Esther Poggenpohl

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT (ADDRESS) Frank Feagan 9526 Hawthorne ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fee Fee Cem DATE Dec 8 1933

19. UNDERTAKER (ADDRESS) Baumann Bros Inc. Overland, Mo.

20. FILED Dec 6 - 1933 H A Boehmer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/5/ 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1933, to Death 12-5, 1933

I last saw him alive on Dec 5, 1933 Death is said to have occurred on the date stated above, at 3PM m.

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

Date of onset

Accident caused by having stick in mouth falling on floor, driving stick thru soft palate up into the posterior nasal fossa. Became infected.

Other contributory causes of importance

Capillary bronchitis throughout both lungs. Immediate cause of death pneumonia 5%

Name of operation Lab. Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

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? 9526 Hawthorne (Specify city or town, county, and State)

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

Lab. findings showed Predominant

Manner of injury strep. infection.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul R. Whitener M.D.

(Address) 2573 Woodson Road

Luke B Dunn M.D. Overland Mo

Coroner St Louis Co., Mo. 11/6/33

NOV 28 1957