

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

Do not use this space.

JAN 13 1936

41784

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. Barnes Hospital)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 11032
St. Ward)

2. FULL NAME

John Blount Hageman
(a) Residence, No. 1535 Louisiana St. 17 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25-1907

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
18 4 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Alabama

MOTHER FATHER 13. NAME John Hageman

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

15. MAIDEN NAME Mary Clark

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

17. INFORMANT Mr George Howard
(ADDRESS) 1535 Louisiana St

18. BURIAL, CREMATION, OR REMOVAL PLACE Hasty No DATE 12/27 1935

19. UNDERTAKER Arthur J Donnelly
(ADDRESS) 3840 Lindell Blvd

20. FILED DEC 27 1935 19. J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1935 to Dec 26 1935

I last saw him alive on Dec 26 1935 Death is said

to have occurred on the date stated above, at 4:30 a.m.

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

Acute suppurative pneumonia Date of onset 12-7-35
Bronchopneumonia
Bronchitis 1930
Empyema (left)

Other contributory causes of importance:

Name of operation Tobectomy, at Date of 1937

What test confirmed diagnosis? 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? (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?

If so, specify (Signed) F.R. Prudley
BARNES HOSPITAL, M. D.
(Address)

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.

