

MAR 4 1936

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

Do not use this space.

8125

1. PLACE OF DEATH

 County.....
 Township.....
 City St Louis

 Registration District No. 791
 Primary Registration District No. 1003
 (No. City Hospital)

 File No. 1804
 Registered No.
 St. Ward)
2. FULL NAME Joseph P. Deegan
 (a) Residence, No. 4618 San Francisco St. / D Ward.
 (Usual place of abode)

 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>MARY DEEGAN</u> <u>Mary Deegan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 16 1862.</u>		
7. AGE	YEARS	MONTHS
<u>73.</u>	<u>10</u>	<u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>W. G. S.</u>		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

OCCUPATION

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.13. NAME Un Known14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.15. MAIDEN NAME Un Known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.17. INFORMANT (ADDRESS) Max Deegan
4618 San Francisco18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb 19, 193619. UNDERTAKER (ADDRESS) W. W. Laughlin
2301 Laravelle20. FILED FEB 18 1936 W. Predeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from

, 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Lobar Pneumonia
Arterio Sclerosis

Date of onset

Other contributory causes of importance: 108

Name of operation..... Date of.....

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) Karol J. Talbot M. D.(Address) Dep. Sec.

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.

