ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-034327
STATE FILE NUMBER

AMENDED

FILED OCT 13 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9276

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY

c. CITY OR TOWN: ST. LOUIS — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 4011 HARTFORD ST. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First JOSEPH Middle P. Last GAGNON

4. DATE OF DEATH: Month OCTOBER Day 5 Year 1961

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: SEPT. 25 1874

9. AGE (last birthday): 87 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: CONTRACTOR

11. BIRTHPLACE (City and state or country): CANADA

12. CITIZEN OF WHAT COUNTRY: U-S-A

13a. FATHER'S NAME: UNKNOWN

13b. MOTHER'S MAIDEN NAME: UNKNOWN

14. NAME OF HUSBAND OR WIFE: LYDIA L GAGNON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service

17. INFORMANT: JEANNE FAGYAL — Address: 4011a HARTFORD ST

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): BRONCHOPNEUMONIA, LEFT LOWER LOBE — INTERVAL BETWEEN ONSET AND DEATH: 1 DAY

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): ARTERIOSCLEROTIC HEART DISEASE — 20 YEARS

DUE TO (c): 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from JAN. 20, 1955, to OCT. 5, 1961 and last saw her/him alive on OCT. 5, 1961

Death occurred at 5:55 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. R. Vermillion, M.D. M. D.

22b. ADDRESS: BARNES HOSPITAL

22c. DATE SIGNED: 10/6/61

23a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION

23b. DATE: OCT 9 1961

23c. NAME OF CEMETERY OR CREMATORY: VALHALLA CREMATORY

23d. LOCATION (City, town, or county) (State): ST. LOUIS CO. MO.

24. FUNERAL DIRECTOR: Thomas Kutes — ADDRESS: 2906 Gravois

25. DATE RECD. BY LOCAL REG.: OCT 7 1961

26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906 [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.