

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

Do not use this space.

10546

File No. _____
Registered No. **2610**
St. _____ Ward _____

1. PLACE OF DEATH

County _____
Township _____
City St. Louis (No. _____)

Registration District No. 707
Primary Registration District No. Isolation Hosp

2. FULL NAME Lawrence Hagney

(a) Residence, No. Came from Shivers Hosp. #3, Ward 2
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 4 mos. 7 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 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 1, 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
8 7 16

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mil
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) Illinois 2 (STATE OR COUNTRY)

MOTHER FATHER
13. NAME Harry Hagney 31

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

15. MAIDEN NAME unknown

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

17. INFORMANT Leona Burns (ADDRESS) ISOLATION HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL PLACE Sans Jose rd DATE March 19, 1932

19. UNDERTAKER Edw. P. Howard & Sons (ADDRESS) 4212 St. Louis Ave

20. FILED MAY 16 1932 W. C. Stanley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1932, to March 17, 1932. I last saw him alive on March 17, 1932. Death is said to have occurred on the date stated above, at 11:10 A.M.

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

Diphtheria, faucial Date of onset 3-7

Other contributory causes of importance: Acute Toxic Myocarditis 3-17

Name of operation None Date of _____

What test confirmed diagnosis? Acute Cardiac Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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) John Eschebrenner, M. D.

(Address) ISOLATION HOSPITAL

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.

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