

WRITE CAREFULLY, 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.

JUN 19 1934

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City St Louis

Registration District No. **791**
1008
Primary Registration District No. Furness Residency Hosp

File No. **18301**
Registered No. **4774**
St. Ward)

2. FULL NAME

John Hegans
(a) Residence, No. 3251 Geyer Ave St. 17 Ward.

(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) Don't know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 74

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

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) New Orleans La

13. NAME Peter Hegans

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

15. MAIDEN NAME Mary Gaffney

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

17. INFORMANT Mrs Margaret Reilly (ADDRESS) 3251 Geyer

18. BURIAL, CREMATION, OR REMOVAL PLACE Calmont DATE May 13 34

19. UNDERTAKER Thos J. Moran (ADDRESS) 1519 S Grand Blvd

20. FILED MAY 11 1934 J. S. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1934

22. I HEREBY CERTIFY, That I attended deceased from April 30 1934 to May 9 1934

I last saw him alive on May 9 1934. Death is said to have occurred on the date stated above, at 8 AM.

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

Inanition - Recrudescence of Carcinoma Esophagus
Ch. Myocarditis
Carcinoma Esophagus

Other contributory causes of importance: 46

Name of operation Jejunostomy Date of 5/1/34
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

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 H. Stewart M. D. (Address) St Louis

