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.

OCT 11 1934

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

Do not use this space.

34707

Registration District No. 791
Primary Registration District No. 1003
File No.
Registered No. 9569

1. PLACE OF DEATH
County
Township
City St Louis (No. City Hospital, St. Ward)

2. FULL NAME Chas McCalgan
(a) Residence, No. 3141 Thomas, 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

107 50

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1867

7. AGE: Years 67 | Months — | Days — | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cattle
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Man
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) St Louis Mo

FATHER
13. NAME Not known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Harry Lee Not Kept (ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Sept. 29, 1934

19. UNDERTAKER Goodhart & Goodhart (ADDRESS) 2228 St. Louis ave

20. FILED SEP 28 1934 J. J. Bredeck Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/25, 1934, to 9/27, 1934
I last saw h. alive on 9/27, 1934. Death is said to have occurred on the date stated above, at 5 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
821 Arterio-Sclerosis	
822 Cerebral Arterio-Sclerosis	
Cerebral Hemorrhage	

Other contributory causes of importance:
C R. Hemiplegia
Encephalomalacia
Multiple Infarcts of Lung

Name of operation Date of
What test confirmed diagnosis? Autopsy 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) W. H. McCain, M. D.
(Address) City Hospital No. 1