

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

Do not use this space.

1. PLACE OF DEATH **SEP 16 1935**

791

28212

County Registration District No. **1003**
 Township Primary Registration District No.
 City **St. Louis Mo** (No., **Sanitarium** St. Ward)

File No.
 Registered No. **7381**

2. FULL NAME **John Haugh**
 (a) Residence, No. **5890 DeBeneville St.**, **6** Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **about 17** 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 Single		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8 70		
7. AGE YEARS About 65	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. Bricklayer	
	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) about Oct 1927	11. Total time (years) spent in this occupation.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tipperary County Ireland		
FATHER	13. NAME John Haugh	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland	
MOTHER	15. MAIDEN NAME Unknown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland	
17. INFORMANT (ADDRESS) Joseph A. O'Connell 7540 Woodlawn St		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov 31 1935		
19. UNDERTAKER (ADDRESS) J. H. Gelbentz 284 W. Metairie		
20. FILED AUG 31 1935 J. B. Redek Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8/28 1935**

22. I HEREBY CERTIFY, That I attended deceased from **8-17 1935** to **8-28 1935**
 I last saw him alive on **8-27 1935** Death is said to have occurred on the date stated above, at **1:50 p.m.**
 The principal cause of death and related causes of importance were as follows:
Crossed Left Leg
Pulmonary Edema
870
 Other contributory causes of importance:
Arteriosclerosis
1-1928
Large Cerebral Cyst Non-ruptured
 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) **Joseph A. O'Connell**, M. D.
 (Address) **7540 Woodlawn St**

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.

MISSOURI STATE BOARD OF HEALTH - DEPARTMENT RECORD

