NOV 21 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 731

NOV 21 1935

Do not use this space.

37607

1. PLACE OF DEATH

County ..... Registration District No. 1003

Township ..... Primary Registration District No. .....

City St Louis (No. St Luke's Hospital St. ..... Ward)

File No. .....

Registered No. 9578

2. FULL NAME James E. Hannegan

(a) Residence, No. 5475 Cabanne St., 5 Ward.
(Usual place of abode)

(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lura L Hannegan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1863

7. AGE: YEARS abt. 72 | 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. Chairman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St Louis Passenger car

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) Ind.

FATHER

13. NAME James Hannegan

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

MOTHER

15. MAIDEN NAME Alice McEnary

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

17. INFORMANT Mrs Lura Hannegan
(ADDRESS) 5475 Cabanne Pa

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hankake Sec DATE 11-15 1935

19. UNDERTAKER Arthur J Donnelly & Co
(ADDRESS) 3840 Lindell Blvd

20. FILED NOV 15 1935 19 J J Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1935, to Nov 14 1935, I last saw h. alive on Nov 13, 1935. Death is said to have occurred on the date stated above, at 5 a m.

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

Pneumonia Lobar — Date of onset .....

Other contributory causes of importance: 108

Name of operation ..... Date of .....

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 ....., 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) Willis Hall, M. D.

(Address) 5219 Delmar

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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Dr. Wiebe Mall
5219 Delmar St.
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