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.

FEB 8 1937

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

Do not use this space.

4307

File No. 4307

Registered No. 1371

1. PLACE OF DEATH

County ..... Registration District No. .....

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

City St. Louis (No. St. John's Hospital 1 St. ..... Ward)

2. FULL NAME John Francis Hagerty

(a) Residence, No. 19 N. Taylor Ave. St., 12 Ward. 1 (If nonresident, give city or town and State)
(Usual place of abode)

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) March 2, 1888

7. AGE: YEARS 48 MONTHS 10 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 253

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Circuit Clerk Office

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 No. 1

FATHER

13. NAME Patrick Hagerty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

MOTHER

15. MAIDEN NAME Catherine Burke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky. 2

17. INFORMANT (ADDRESS) Mr. William Hagerty, 19 N. Taylor Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem. DATE Feb. 1, 1937

19. UNDERTAKER (ADDRESS) O'LLINANE BROS 1710 N GRAND BLVD

20. FILED ..... 19 ..... J. Bredeck Registrar.

JUN 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/24, 1937, to 1/28, 1937

I last saw him alive on 1/28, 1937 Death is said to have occurred on the date stated above, at 5 P. m.

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

Lobar Pneumonia

47A

Other contributory causes of importance: Carcinoma Larynx

Date of onset

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? No

If so, specify .....

(Signed) V. J. Meanhardt Neu, M. D.

(Address) Lindell Trust Bldg