

SEP 10 1937

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 (No. 4852 Easton Ave.)
Registration District No. 791
Primary Registration District No. 003
File No. 29237
Registered No. 7870
St. Ward)

2. FULL NAME Michael Felix Hagan

(a) Residence, No. 4852 Easton Ave. St. 6 Ward. (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) Married |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia A. Hagan | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1860 | | |
| 7. AGE 77 | YEARS | MONTHS 1 |
| | | DAYS 3 |
| | | IF LESS than 1 day, hrs. or min. |

| | |
|---|---|
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sta. Engineer | 11. Total time (years) spent in this occupation |
| 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) | |

12. BIRTHPLACE (CITY OR TOWN) Perryville (STATE OR COUNTRY) Mo.

13. NAME James Hagan

14. BIRTHPLACE (CITY OR TOWN) Perryville (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Margaret Mcatee

16. BIRTHPLACE (CITY OR TOWN) Perryville (STATE OR COUNTRY) Mo.

17. INFORMANT Julia A. Hagan (ADDRESS) 4852 Easton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Aug. 23, 1937.

19. UNDERTAKER Wm. F. Paschedag (ADDRESS) 2825 N. Grand Blvd.

20. FILE AUG 21 1937 J. H. Brudack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/16 to 8/20, 1937
I last saw him alive on 8/20, 1937. Death is said to have occurred on the date stated above, at 7:55 p.m.

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

Cerebral Hemorrhage
Chl. Hypertension
Arteriosclerosis

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) L. J. Hayden M.D.
(Address) 5899 Delmar

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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