

DEC 28 1937

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

42516
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1160
(b) Township _____ Primary Registration District No. 4470 Registered No. 112
(c) City University City (d) Street No. 7105 LINDELL St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARGARET HAGELUND

(a) Residence, No. 7105 LINDELL BLVD. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 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 John H. HAGELUND

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19, 1873

7. AGE YEARS 65 MONTHS 2 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWIFE
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) ILL

13. NAME John MULLEN

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

15. MAIDEN NAME ROSE HALPIN

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

17. INFORMANT John H. HAGELUND (ADDRESS) 7105 LINDELL BLVD.

18. BURIAL, CREMATION, OR REMOVAL PLACE CHICAGO ILL DATE NOV 19, 1937

19. FUNERAL DIRECTOR LAWRENCE MULLEN (ADDRESS) 5165 DELMAR BLVD.

20. FILED Nov 18, 1937 Virginia Hirschfeld Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1937, to Nov 17, 1937
I last saw her alive on Nov 16, 1937. Death is said to have occurred on the date stated above, at 5:30 P.
The principal cause of death and related causes of importance were as follows:

Subur Pneumonia

Other contributory causes of importance: Cardiovascular Disease

Name of operation _____ Date of _____
What test confirmed diagnosis? Micro Was there an autopsy? No

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) Dr. T. Sabing, M. D.
(Address) 6651 Euclid

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.

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MO 7-20-37
X12004

Dr. Gaines
6651 Wright
1-2-50

STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No. 3880
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E. _____
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.
Signed John Ketter
Licensed Embalmer No. 3880

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)