

FEB 12 1938

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

833

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**

(b) Township Primary Registration District No. **1003**

(c) City **St. Louis** (d) Street No. **3944 Shaw Blvd.** Registered No. **689**

(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

Louise Sylvia Hagan 250

(a) Residence, No. **3944 Shaw Blvd.** St. **17** (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) **Divorced**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Harry D. Hagan**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 19, 1896**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

41 0 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**

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

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) **Liverpool Eng. 4**

13. NAME **Thomas Arsin**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Phillipine Islands**

15. MAIDEN NAME **Unknown Gonzales**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Spain**

17. INFORMANT **Mrs. Mary Ellen Leiendoeker**
(ADDRESS) **4010 Pennsylvania Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Jan. 22, 1938**

19. FUNERAL DIRECTOR **Arthur J. Donnelly Undt.**
(ADDRESS) **3840 Lindell Blvd.**

20. FILE **JAN 20 1938** **J. F. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 19, 1938**, 19

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 4, 1938** to **Jan. 19, 1938**

I last saw her alive on **Jan. 18, 1938**. Death is said to have occurred on the date stated above, at **12:30 a.m.**

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

Acute dilatation Heart Date of onset **Jan 4/38**

Pulmonary Oedema

Other contributory causes of importance: **Myocardial Stenosis** 5/10/28/31 (Cory, Mackay)

Name of operation **Physical Examination** Date of operation

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?

Dr. Gustaf Dahms, M. D.
(Address) **145-2 So Grand**

STATEMENT BY LICENSED EMBALMER

I, Stanley Marchlewski, Licensed Embalmer No. 2868

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Stanley Marchlewski

Licensed Embalmer No. 2868

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.)