REC'D MAR 17 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Jefferson
Township: Meramec
City: (No. , St. Ward)

Registration District No. 425
Primary Registration District No. 5580

File No. 7152
Registered No. 60

2. FULL NAME: Henry Mager
(a) Residence, No. St Joseph's Hill Infirmary St. 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: Florence
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 1, 1869
7. AGE: Years 68 Months 11 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lost Person

FATHER
13. NAME: George Mager
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Anna ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): St. Joseph's Hill Infirmary Eureka, Mo. by Sr. Boniventure
18. BURIAL, CREMATION, OR REMOVAL
PLACE: St Louis DATE: 2/9 1938
19. UNDERTAKER (ADDRESS): Fendler Undertaking Co. St Louis County, Mo.
20. FILED: 2/5 1938 James A. Tonnaleno Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1st, 1938, to Feb. 5, 1938
I last saw him alive on Feb. 5, 1938. Death is said to have occurred on the date stated above, at 7:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	
Other contributory causes of importance:	

Name of operation: Date of:
What test confirmed diagnosis? 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?
If so, specify
(Signed) Jesse S. Sargent, M. D.
(Address) Eureka Mo.

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.