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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 34428

Registration District No. 791 1008

Primary Registration District No.

Registrar's No. 8966

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2Mos. 27 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No. 1421 Hogan
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Johanna Hagerty 2/3

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 9 (Day) 1871 (Year)

8. AGE: Years 68 Months 6 Days 11 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Dennis Hagerty
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine O'Brien
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Catherine Montague
(b) Address 6838 Grove ave Pine Lawn Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Vienna Mo.

18. (a) Signature of funeral director Jos. W. Clark.
(b) Address 1125 Hodiamont Ave.

19. (a) OCT 23 1939 (Date received local registrar) (b) J. Burdeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20, year 1939 hour 2:50 minute A. M.

21. I hereby certify that I attended the deceased from July 25, 39, to October 20, 39, that I last saw her alive on October 20, 39, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature John F. Flynn (M. D. or other)

Address 1515 Lafayette, Date signed 10/20/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19811

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Jno. W. Clark

Licensed Embalmer No. 7661.

P. O. Address 1125 Hodiamont

**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.)**

**If this body is not embalmed, above space should be left blank.**