

FILED NOV 22 1954

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38747**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9891**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 1/2 yrs.		e. STREET ADDRESS (If rural, give location) 26 3225 N. Florissant Ave. 22690	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Little Sisters of Poor			
3. NAME OF DECEASED (Type or Print) a. (First) Michael b. (Middle) J. c. (Last) Gagan		4. DATE OF DEATH (Month) (Day) (Year) Oct. 31, 1954	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH Oct. 10, 1874
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) New York
12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME Michael Gagan	13b. MOTHER'S MAIDEN NAME Marguerite McHale	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mother Germaine, 3225 N. Florissant Ave.
ADDRESS		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility.		???
	ANTECEDENT CAUSES Mortbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral hemorrhage		7 days
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Noir	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 331X

22. I hereby certify that I attended the deceased from **1952** to **Oct 31, 1954**, that I last saw the deceased alive on **Oct 30, 1954**, and that death occurred at **11 P.** m., from the causes and on the date stated above.

23a. SIGNATURE Dernard J. Hottel M.D.	23b. ADDRESS 2435 N. Grand Blvd	23c. DATE SIGNED 11-1-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 2, 1954	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		

DATE REC'D BY LOCAL REG. NOV 1 1954	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. GENERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly	ADDRESS 3810 Lindell Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

