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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 14 1957

STATE FILE NUMBER 18676

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5215

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. John's Hosp — Length of stay in 1b 1 month

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ~~St. Louis~~
c. CITY OR TOWN St. Louis — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 4815 Farlin Ave. — Reside on Farm Yes ☐ No X

23 1079

3. NAME OF DECEASED (Type or print) First: James Middle: Last: Gagan
4. DATE OF DEATH Month: June Day: 2 Year: 1957

5. SEX M
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 3-5-1869
9. AGE (In years last birthday) 88 — 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) Stone worker
10b. KIND OF BUSINESS OR INDUSTRY Stone Work
11. BIRTHPLACE (City and state or country) St. Louis Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Michael Gagan
14. MOTHER'S MAIDEN NAME Catherine Buckley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT Florence Branigan Address 1211 Francis Pl.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arterio-sclerotic Cardio Vascular disease — INTERVAL BETWEEN ONSET AND DEATH 10 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Prostatic Hypertrophy c̄ obstruction — 30 days
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Psychosis due to cerebral arterio sclerosis
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 610X
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 1955, to June 2 1957 and last saw her/him alive on June 1 1957
Death occurred at 7:45 A.M. on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE C. H. Lindeman (Degree or title) MD
22b. ADDRESS 4126 Shenandoah
22c. DATE SIGNED June 7 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 6-5-19 1957
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) St. Louis (State) Missouri

24. FUNERAL DIRECTOR Arthur J. Donnelly ADDRESS 3840 Lindell Bl
25. DATE REC'D BY LOCAL REG. JUN 3 '57
26. REGISTRAR'S SIGNATURE Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, or Medical Examiner: Fill out only sections marked in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Francis Wellcomse

Licensed Embalmer No. 35

P. O. Address 3840 Lin

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.