

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037032

REGISTRATION DISTRICT NO. 317 PRIMARY REGISTRATION DISTRICT NO. 500 REGISTRAR'S NO. 2920 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS		Length of stay in 1b 169 DAYS	c. CITY OR TOWN MEHLVILLE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RT #9, BOX #556-H Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First GEORGE Middle E. Last FAGAN JR			4. DATE OF DEATH Month OCTOBER Day 4 , Year 1960	
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-24-22	9. AGE (last birthday) 38	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER	10b. KIND OF BUSINESS OR INDUSTRY GENERAL	11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME GEORGE FAGAN	13b. MOTHER'S MAIDEN NAME LEONA BOEHLEIN	14. NAME OF HUSBAND OR WIFE THELMA E. FAGAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-II	16. SOCIAL SECURITY NO. 490-12-8116	17. INFORMANT MEHLVILLE, MISSOURI THELMA E FAGAN, WIFE, RT9, BOX 556-H
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) ACUTE BILATERAL BRONCHO-PNEUMONIA		2-3 DAYS
DUE TO (b) GENERALIZED DEBILITY AND CACHEXIA		
DUE TO (c) MULTIPLE SCLEROSIS AND TRIGEMINAL NEURALGIA		12 YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) POST-OPERATIVE: LT. TEMPORAL CRANIOTOMY WITH CYSTIC MALACIA OF LT. TEMPORAL POLE 8 MOS.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from VA 4-18-60 to 10-4-60 XXXXXXXXXXXXXX	
Death occurred at 12:01 AM on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) Ray M. G. Pommer M.D.	22b. ADDRESS VAH JEFFERSON BARRACKS, MISSOURI	22c. DATE SIGNED 10-4-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10/6/60	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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24. FUNERAL DIRECTOR Edward Fendler 5611 So. Grand Blvd.	25. DATE RECD. BY LOCAL REG. 10-5-60	26. REGISTRAR'S SIGNATURE J. G. Muffly M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George W. Davel

Licensed Embalmer No. 479

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.