

SEP 25 1934

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

Do not use this space.

31571

1. PLACE OF DEATH

County St. Louis  
Township Central  
City St. Louis (No. St. Marys Hosp)

Registration District No. 1170  
Primary Registration District No. 62484

File No. ....  
Registered No. 140  
St. .... Ward)

2. FULL NAME

Erud Kerlagon

(a) Residence, No. .... St., .... Ward. Farmington Mo.  
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Carrie Kerlagon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 13-1893</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>6</u>
	DAYS <u>2</u>	IF LESS than 1 day, .... hrs. or .... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Druggist</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Owner</u>
	10. Date deceased last worked at this occupation (month and year) .....
	11. Total time (years) spent in this occupation. <u>✓</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington Mo.

FATHER 13. NAME David B. Kerlagon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre Mo.

MOTHER 15. MAIDEN NAME Matilda Wichman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

17. INFORMANT (ADDRESS) Carrie Kerlagon Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Farmington Mo. DATE Aug 18 1934

19. UNDERTAKER (ADDRESS) Albert H. Napp 429 N. Broadway

20. FILED Aug 17 1934 Bertrude Porter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-15 1934

22. HEREBY CERTIFY, That I attended deceased from Aug 9 1934 to Aug 15 1934  
I last saw him alive on Aug 15 1934. Death is said to have occurred on the date stated above, at 3 A. m.  
The principal cause of death and related causes of importance were as follows:

Brauche Pneumonia Date of onset 5-7-34  
5-7-34  
1934

Other contributory causes of importance:  
Frontal Lobe (Brain Tumor)

Name of operation Craniotomy 8/9/34  
Date of operation 8/9/34  
What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .....

Where did injury occur? .....

Manner of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify .....

(Signed) [Signature] M. D.  
Address [Address]

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.

FEB 28 1945

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#2 St. Louis

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
WASHINGTON

E. T. McGaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.  
140

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Fred Kerlagou  
Who died at \_\_\_\_\_ on Aug-15-1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex M Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 41 Months 6 Days 2

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Chronic Pneumonia

Type of Brain Tumor not known to section and no autopsy obtained.

Other contributory causes of importance Frontal Lobe (Brain Tumor)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician \_\_\_\_\_

(Signature of Registrar) Gertrude Porter Date filed August 17/34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 1170 Very truly yours,

Primary Reg. Dist. No. 6248 H.

E. T. McGaugh  
State Registrar  
Special Agent.

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