

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

Do not use this space.

96
309

1. PLACE OF DEATH
 County.....
 Township.....
 City ST. LOUIS, Mo. (No. 1003)
 Registration District No. 791
 Primary Registration District No. 1003
 File No. 3535
 Registered No. 568
 St. _____ Ward _____

2. FULL NAME ALBERTA EGAN
 (a) Residence, No. 4408 EVANS St. 11 Ward 1
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JAMES EGAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-27-1904

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
32 4 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
Housewife 28.5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cuba, Mo.

FATHER
 13. NAME Thomas Goodwin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Betty Shadowen
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) JAMES EGAN
4408 EVANS

18. BURIAL, CREMATION, OR REMOVAL
PL. CALVARY Cemetery JAN 15 1937

19. UNDERTAKER (ADDRESS) SULLIVAN Undertaker
2849 N. Euclid Ave.

20. FILED JAN 14 1937 J. H. Bredeek
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 13 19 37

22. I HEREBY CERTIFY, That I attended deceased from October 1934, to January 13 1937
 I last saw her alive on January 12 1937. Death is said to have occurred on the date stated above, at 3:17 p.m.
 The principal cause of death and related causes of importance were as follows:
Cancer of the cervix uteri
Cerebral thrombosis
Right-sided hemiplegia
 Date of onset 1/11/37
1/11/37

Other contributory causes of importance:
General carcinomatosis

Name of operation Not any Date of _____
Laboratory report
 What test confirmed diagnosis? _____ Was there an autopsy? NO.

23. 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 _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Raymond M. Spivy, M. D.
 (Address) Raymond M. Spivy, M. D.
3720 Washington Blvd.

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.

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6324

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