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

929
Do not use this space.

FEB 12 1938

Registration District No. 791
Primary Registration District No. 1003
Registered No. 785

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. Deaconess Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nellie Egan 250
(a) Residence, No. 7750 Weaver Ave. St. NR Maplewood, Mo.
(Usual place of abode, if no street address, write county or city) (If not resident, 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles J. Eagan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-25-1864.

7. AGE: Years 73 | Months 8 | Days 27 | If LESS than 1 day, ....hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. J. H. Brandau
(ADDRESS) 15 Parkland Place

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset B. Park DATE Jan. 24, 1938

19. FUNERAL DIRECTOR Wacker-Helderle
(ADDRESS) 2331 S. Broadway

20. FILED JAN 23 1938 J. F. Bredick
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21st. 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1937, to Jan 21, 1938
I last saw h. alive on Jan 20, 1938. Death is said to have occurred on the date stated above, at 8.45 A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary occlusion | 12-1-37 |
| Arteriosclerosis | 1920 |
| Hypertension | 1930 |
| Asthma | 12-1-37 |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Laboratory 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? No
If so, specify
(Signed) C. A. Johnson, M. D.
(Address) 2435 N. Grand

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Frank J. Hyland, Licensed Embalmer No. 2645

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me.

L. E.

No. 2645 or by, Registered Apprentice No.

working under my personal supervision.

Signed Frank J. Hyland.

Licensed Embalmer No. 2645.

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