

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-9-10-3 I X10805

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.

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

8522
Do not use this space.
2287

REC'D APR 12 1939

1. PLACE OF DEATH

(a) County..... 1 Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City ^{or} **St. Louis.** (d) Street No. **4541 Evans Ave.**..... 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 **Ella Reagan.**

(a) Residence, No. **4541 Evans Ave.** St. **11**
 (Usual place of abode, if no street address, write county or city) (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) **Single.**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 10, 1873.**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	65	8	29	

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Book Binder.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN)..... **Maryland.** 1
 (STATE OR COUNTRY)

FATHER 13. NAME **Patrick Reagan.** 5

14. BIRTHPLACE (CITY OR TOWN)..... **Ireland.** 1
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Alice Taylor**

16. BIRTHPLACE (CITY OR TOWN)..... **Maryland.**
 (STATE OR COUNTRY)

17. INFORMANT **Rose Justin.**
 (ADDRESS) **4541 Evans Ave.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Calvary** DATE **3-11-39** 19

19. FUNERAL DIRECTOR (NAME) **Arthur J. Donnelly.**
 (ADDRESS) **3840 Lindell Blvd.**

20. FILED **APR 10 1939** **J. B. Budick**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 9, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **March** 19**39**, to **March 9**, 19**39**
 I last saw her alive on **March 8**, 19**39**. Death is said to have occurred on the date stated above, at **1:45 A.M.**
 The principal cause of death and related causes of importance were as follows:

Cerebral Degeneration
Diabetes Mellitus

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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) **[Signature]**, M. D.
 (Address) **301 [Address]**

D.L. Davis
11-2
Amoy & Work

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Alfred J. Bredetor*

Licensed Embalmer No. *2663*

P. O. Address *4204 Prairie*

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 licensè.)

If this body is not embalmed, above space should be left blank.