

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27529

Registration District No. 701

Primary Registration District No.

Registrar's No. 7029

1. PLACE OF DEATH:

1003

- (a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
City Hospital 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10 Days  
(Specify whether years, months or days)  
 In this community 65 years

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 19  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4407 Washington Pl  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Catherine Egan 250

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 6, 1879  
(Month) (Day) (Year)

8. AGE: 60 Months 1 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Newsgrapher 5

11. Industry or business \_\_\_\_\_ 5

12. Name Solomon Egan

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. O. Kelly

15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Mary Hanson

(b) Address 4407 McPherson Ave.

17. (a) Burial (b) Date thereof Aug 13/39.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. A. Buller

(b) Address 4452 Washington Pl

19. (a) AUG 13 1939 (b) J. D. Bredich  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12, year 1939 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from August 3, 1939, to August 12, 1939; that I last saw her alive on August 12, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration \_\_\_\_\_  
Hydronephrosis  
no stones

Due to \_\_\_\_\_

Due to \_\_\_\_\_ 930

Other conditions \_\_\_\_\_  
(include pregnancy within 8 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature Jos. L. Lucido (M. D. or other) \_\_\_\_\_

Address City Hospital Date signed 8/12/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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**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

*Howard F. Rowland*

Licensed Embalmer No.

*3114*

P. O. Address

*St. Louis, Mo.*

**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.)**

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