

FILED JAN 24 1942 91

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 9855

1. PLACE OF DEATH:

(a) County St. Louis Mo  
(b) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St. Luke Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
(Specify whether  
In this community 60 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis  
(c) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3947 Starford  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8  
year 1941 hour 4:00 minute 00 P.M.

21. I hereby certify that I attended the deceased from Feb. 2nd 1941 to Dec. 8 1941;  
and that death occurred on the date and hour stated above.  
what I last saw her alive on Dec. 8 1941;  
Immediate cause of death Uremia Duration

Due to Chronic institial nephritis.

Other conditions 121  
(Include pregnancy within 3 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 James J. Duncanson M.D.  
Address 4930 Lindell St. Louis Date signed 12-10-41

3. (a) PRINT FULL NAME MARGARET EGIN

3. (b) If veteran, name war WW 3. (c) Social Security No. 491-14-4040

4. Sex Female 5. Color or race white 6. (d) Single, widowed, married, divorced, single

6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive 24 years (Month) (Day) (Year)

7. Birth date of deceased March 24 1872  
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 16 If less than one day hr. min.

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

10. Usual occupation Sales lady

11. Industry or business Fruggos Vandsworth

12. Name James Egan

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

14. Maiden name Mary Egan

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

16. (a) Informant Mrs. Stella Egan

(b) Address 5442 Delp St. Linn

17. (a) Burial (b) Date thereof (Month) (Day) (Year)  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Joseph J. Bourque  
(b) Address 4212 St. Louis

19. (a) DEC 12 1941 (Date received local registrar)  
J. J. Brudick (Registrar's signature)

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

**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..... *Joseph A. Howard*.....  
Licensed Embalmer No. *4139*.....  
P. O. Address..... *4219 ST LOUIS 17VA*.....

**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, fact should be so stated above.**