

S. No. 2
M-5-42
7. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38662

State File No.

Registrar's No. 127

FILED JAN 14 1943
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5972a Wells Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL.")
(d) Street No. 5972a Wells Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ARTHUR F. EAGEN
3. (b) If veteran, name war None 3. (c) Social Security No. 498-07-422

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JAN day 5 year 1943 hour 7 minute A M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Genevieve 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased April 16, 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 22, 1943 to Jan 14, 1943 that I last saw him alive on Jan 14 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
 55 8 20 hr. min.

Immediate cause of death..... Duration
CORONARY HEART DISEASE (EKA) 1 yr.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Painter
11. Industry or business St. Louis City

Due to.....
Due to.....
Other conditions Route + Interal
(Include pregnancy within 3 months of death)
meningococcal meningitis
Major findings:
Of operations.....
Of autopsy.....

MOTHER FATHER
12. Name James Eagen
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Marie Gieke
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Amerene Eagan
(b) Address 5972a Wells Ave.
17. (a) Burial (b) Date thereof 1-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Ellen Kelly
(b) Address 1416 N. Taylor Ave.
19. (a) JAN 6 1943 (b) J. F. Break
(Date received local registrar) (Registrar's signature)

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 H. F. Cleveland (M.D. or other) M.D.
Address 5930 Bayshore Ave Date signed 1-6-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.