

FILED FEB 10 1943

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 18

96
00
0

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mother of Good Council Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years (Specify whether years, months or days) 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town De Soto
(If outside city or town limits, write "RURAL")
(d) Street No. 804 South 2nd St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Annie Agnes Regan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced 2
(b) Name of husband or wife John Regan 6. (c) Age of husband or wife if alive Dead years _____
Birth date of deceased: April 8 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Michael Harris

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

14. Maiden name Mary Buckley

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

16. (a) Informant True name of living

(b) Address 5722 Maple, St. Louis, Mo.

17. (a) De Soto, Mo. (b) Date of report 1-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation De Soto, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address De Soto, Mo.

19. (a) JAN 2 - 1943 (Date received local registrar) (b) [Signature] (Registrar's signature) 5. (c) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 21st 1943 Friday
year 1943 hour 4:20 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan-20th-1940
to Jan-21st-1943, 19 _____ to Jan-25th-1943, 19 _____

that I last saw him _____ alive on _____, 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular renal disease - Senile Dementia, old Fracture of rt. arm. Extreme Hypertension
Due to _____

Due to Secondary Cause: Uremia - Uremic Coma - 2 months.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____

Of autopsy None
X Died in the Home of Incurables

22. If death was due to external causes, fill in the following:
No

(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 [Signature] (M. D. or other): _____

Address 3719 [Address] Date signed _____

Duration

14.50

PHYSICIAN

Underline the cause to which death should be charged statistically.

