

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18361

State File No. _____

FILED MAY 16 1946

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. 4049

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:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____ 20 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Florence Egan

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

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Howard J. Egan 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May 29, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61 11 5 hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown Fett

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

{ 14. Maiden name Unknown

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

16. (a) Informant Mr. Howard J. Egan

(b) Address 4936a Miami Street

17. (a) Burial (b) Date thereof May 6, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden F. H., Inc.
MAY 1936 St. Louis Avenue

19. (a) MAY 4 1946 (b) J. F. Breda
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4936a Miami
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1946 hour 12: minute 30 A. M.

21. I hereby certify that I attended the deceased from April 30, 1946 to May 3rd, 1946; that I last saw him alive on May 2nd, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Left lobar Pneumonia Duration 3 day

Due to _____

Due to _____

Other conditions Pyelo-nephritis of left kidney?
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy Left lobar Pneumonia
Pyelo-nephritis of left kidney

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)

(c) Means of injury _____

23. Signature Bernard P. Breda (M. D. or other) _____
Address 3527 Orvig St. Louis 18 Mo. Date signed 5-8-46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. B. Ploch
3958 S. Grand
3-5 P.M.

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.....

Max L. Wapfel

Licensed Embalmer No.....

4170

P. O. Address.....

5325 Etaska

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.