

S. No. 2  
DM-543  
v. 5-17-39  
P-1 X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6213**

**FILED MAR 11 1947**  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1925**

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3649a Wilmington 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. 3649a Wilmington Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Percival J. Eagan

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

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Adele 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased June 10, 1891  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 8 13 hr. min.

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

10. Usual occupation Salesman

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

MOTHER, FATHER { 12. Name Mathias Eagan

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

14. Maiden name Lillian Matthews

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

16. (a) Informant Adele Eagan

(b) Address 3649a Wilmington Ave.

17. (a) Burial (b) Date thereof 2-26-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Schumacher and Co.

(b) Address 3013 Meramec St.

19. (a) FEB 25 1947 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23  
year 1947 hour 9:45 minute P. M.

21. I hereby certify that I attended the deceased from 12-24-45 to 2-23-47  
that I last saw him alive on 2-23-47 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
Coronary Artery Disease

Due to Coronary Artery Disease

Due to Myocardial Infarction

Other conditions: 12!  
(Include pregnancy within 3 months of death)

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

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

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 W. J. Egan (M. D. or other) \_\_\_\_\_

Address 7602 P. Brady Date signed 2/24/47

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 Francis Williamson  
Licensed Embalmer No. 3565  
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, fact should be so stated above.**