

FILED OCT 21 1950

STANDARD CERTIFICATE OF DEATH

34821

State File No.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8600

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|---|------------------------|--|--|---|---|--|----------------------------|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 8600 | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY _____ | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 1st? Louisa, Mo. 2069 | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital | | | | d. STREET ADDRESS (If rural, give location) b 1312 Laurel Ave., 0 | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) THOMAS | | b. (Middle) DANIEL | | c. (Last) GEGAN. | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 10, 1950. | | | |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married / | 8. DATE OF BIRTH Mar. 30, 1892 | 9. AGE (In years last birthday) 58 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Checker | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) Ireland 4 | | 12. CITIZEN OF WHAT COUNTRY? _____ | | | |
| 13a. FATHER'S NAME Martin Gegan | | | 13b. MOTHER'S MAIDEN NAME ? Dugan | | 14. NAME OF HUSBAND OR WIFE Mary Gegan | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Gegan, 1312 Laurel Ave., | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 3 days | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 4201 | | | | | |
| 22. I hereby certify that I attended the deceased from Sept. 7, 1950, to October 10, 1950, that I last saw the deceased alive on Oct. 9, 1950, and that death occurred at 2:20 A.M. from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) August V. Amachel, M.D. | | | | 23b. ADDRESS 6200 Hoffman Ave | | 23c. DATE SIGNED 10/10/50 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1) | | 24b. DATE Oct. 13, 1950 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | | | |
| DATE REC'D BY LOCAL REG. OCT 11 1950 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark, 1125 Hodiamont Ave., | | | | | |

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

6200 Hoffmann Ave.
3-4 P.M.
No. 8334

D

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Elmo R. Padwell

Signed.....
Student Embalmer

Licensed Embalmer No. 4077

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.