

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14230

State File No.

3633

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (In this place) 60-yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5696 Kingsbury Blvd.		d. STREET ADDRESS (If rural, give location) 5 5696 Kingsbury Blvd.	

3. NAME OF DECEASED (Type or Print) a. (First) Patrick	b. (Middle)	c. (Last) Egan	4. DATE OF DEATH (Month) (Day) (Year) April 16, 1952
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH Nov. 22, 1866	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 24	IF UNDER 1 HR. Hours 	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Platform Foreman, Mo.	10b. KIND OF BUSINESS OR INDUSTRY Pacific Railroad	11. BIRTHPLACE (State or foreign country) Ireland	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME James Egan	13b. MOTHER'S MAIDEN NAME Mary Behan	14. NAME OF HUSBAND OR WIFE Mrs. Jessie Egan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jessie Egan, 5696 Kingsbury Blvd.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		24 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic heart disease DUE TO (c)		3 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H200
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22. I hereby certify that I attended the deceased from **Sept 19, 1945** to **April 15, 1952**, that I last saw the deceased alive on **April 15, 1952**, and that death occurred at **3:45 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE L. R. Sheidan M.D.	(Degree or title)	23b. ADDRESS #1755 So. Grand Blvd.	23c. DATE SIGNED 4-17-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 19, 1952	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. APR 17 1952	REGISTRAR'S SIGNATURE Carl Smith	FUNERAL DIRECTOR'S SIGNATURE Arthur J. Houvelly	ADDRESS 8840 Lindell Blvd.
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WRITE PLAINLY—USING 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 me

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Wm S. Salton

Licensed Embalmer No. 4699

P. O. Address St Charles, 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.