

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2739**  
Registrar's No. **0879**

BIRTH NO. FILED FEB 4 1954 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>79 yrs</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7814 Virginia Ave.</b>		e. STREET ADDRESS (If rural, give location) <b>7814 Virginia</b>		201/0	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) c. (Last) <b>EGAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 26, 1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>May 11, 1874</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR: Months Days
10a. USUAL OCCUPATION (If the kind of work done during most of working life, even if retired) <b>House work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Michael Carr</b>		13b. MOTHER'S MAIDEN NAME <b>? Coan</b>		14. NAME OF HUSBAND OR WIFE <b>Richard (Deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Richard Egan, 5650 Hebert</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic obstructive Heart disease &amp; failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>26</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Chronic tuberculosis</b>			
		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.			

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? <b>4200</b>	

22. I hereby certify that I attended the deceased from **Jan 1953**, to **Jan 26, 1953**, that I last saw the deceased alive on **Jan 25 1953**, and that death occurred at **5:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Joseph E. Carney M.D.</b>		23b. ADDRESS <b>906 Olive</b>		23c. DATE SIGNED <b>1-28-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>1/29/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Lemay 23, Mo.</b>		
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DATE REC'D BY LOCAL REG. <b>JAN 28 1954</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fendler Und. Co., 7420 Michigan</b>			
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L.S.C. (Licensed Embalmer's Statement on Reverse Side)

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *W. G. Peterson*.....

Licensed Embalmer No. *37*.....

P. O. Address *74207*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.