

FILED FEB 17 1956

## STANDARD CERTIFICATE OF DEATH

State File No. 6409

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>950</b>	
<b>1. PLACE OF DEATH</b> a. COUNTY				<b>2. USUAL RESIDENCE</b> (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>20 yrs</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>4936a Miami Street</b> <b>2149</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>HOWARD</b>		b. (Middle) <b>J.</b>		c. (Last) <b>EGAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 26, 1956</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>July 23, 1882</b>	
9. AGE (in years last birthday) <b>73</b>		if UNDER 1 YEAR Months Days		if UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired—Accountant Commercial Commission</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Interstate</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Berlin, Wisconsin</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>							
13a. FATHER'S NAME <b>John J. Egan</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Jane Bush</b>			14. NAME OF HUSBAND OR WIFE <b>Florence Fett Egan</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>493-30-5875</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Erwin Huchzermeyer, 4934 Miami Avenue</b>			
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.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <b>Acute Posterior Myocardial Infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Occlusion</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Seriously</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>2 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Aug 28, 1950</b> , to <b>Jan 26, 1956</b> , that I last saw the deceased alive on <b>Jan 25, 1956</b> , and that death occurred at <b>4:45 A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Irma A. Bailey M.D.</b>				23b. ADDRESS <b>3108 So. Grand Blvd.</b>		23c. DATE SIGNED <b>1-26-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Jan 28, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>JAN 27 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Seiderwieden F.H. Inc., 1936 St. Louis Avenue</b>			

(Licensed Embalmer's Statement on Reverse Side)

12:30 - 5 pm

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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