

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-007176

STATE FILE NUMBER

FILED MAR 10 1958

318

1003

Registrar's No. 1712

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Maplewood</b> <i>4544</i>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Incarnate Word Hosp.</b>		Length of stay in lb <b>1-day</b>	d. STREET ADDRESS (If outside, give location) <b>2281 Yale Ave.</b>
3. NAME OF DECEASED (Type or print) First <b>Patrick</b> Middle <b>Joseph</b> Last <b>Egan</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>12</b> Year <b>1958</b>
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 12, 1885</b>
9. AGE (In years last birthday) <b>72</b>		FUNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Richwoods, Mo.</b>
<b>Retired Metal Worker</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Thomas Egan</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine Mundy</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Loretta Egan</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) <b>Yes</b> (If yes, give name of service) <b>World War # I</b>		16. SOCIAL SECURITY NO. <b>551-28-8873</b>	17. INFORMANT Address <b>Mrs. Loretta Egan, 2281 Yale Ave.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Infarct</b>			INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Myocarditis - myocardium</b>			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>8:22 AM</b> to <b>Feb. 12, 1958</b> and last saw her/him alive on <b>Feb. 11, 1958</b> Death occurred at <b>2:30 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Charlene G. Orum M.D.</b>		22b. ADDRESS <b>1927 A Union</b>	22c. DATE SIGNED <b>2-12-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb. 15, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Walter J. Donnelly, 3840 Lindell Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>FEB 13 '58</b>	26. REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Francis Williams*

Licensed Embalmer No. *3565*  
P. O. Address *3840 Lind*

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.