

FILED FEB 17 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008337  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 313

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FENTON</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>FENTON</u> <sup>4000</sup>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>FENTON HOME FOR AGED</u>			Length of stay in lb <u>145</u>	d. STREET ADDRESS <u>Local</u>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Priscilla</u> Middle <u>Egan</u> Last <u>Egan</u>				4. DATE OF DEATH Month <u>1</u> Day <u>31</u> Year <u>58</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>4-27-1865</u>		9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (City and state or country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Not known</u>				14. MOTHER'S MAIDEN NAME <u>Not known</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>unk.</u>		17. INFORMANT Address <u>R.O. Keehan 4700 W. Plea</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u> DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u>4221</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH
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 <u>    </u> Month, Day, Year a. m. <u>    </u> p. m. <u>    </u>							
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 <u>dec 1954</u> to <u>Jan 31-58</u> and last saw her <sup>him</sup> alive on <u>1-25-58</u> . Death occurred at <u>    </u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deed or title) <u>R.D. Jansen M.D.</u>				22b. ADDRESS <u>1726 4th St. Richmond Mo</u>		22c. DATE SIGNED <u>2-1-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	23b. DATE <u>2-3-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u>		23d. LOCATION (City, town, or county) <u>St Louis Co Mo</u>		(State)	
24. FUNERAL DIRECTOR <u>A. Krou 2707 N Grand</u>			ADDRESS		25. DATE RECD. BY LOCAL REG. <u>2/3/58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. Diseases in Part I must be casually related. Coroner not certify to a death due to natural causes.

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

on

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 *Gustav W. [Signature]*  
.....  
Licensed Embalmer No. *42*

P. O. Address *[Signature]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.