

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026587

FILED VS JUL 30 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2-6785** STATE FILE NUMBER

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b 3 weeks | c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 3018 Utah St. (48) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | |
|---|------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or print) First Middle Last RICHARD THOMAS EGAN SR. | | | 4. DATE OF DEATH Month Day Year July 20, 1959 | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10/27/03 | 9. AGE (last birthday) 55 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Policeman | | 10b. KIND OF BUSINESS OR INDUSTRY Metro. Police | 11. BIRTHPLACE (City and state or country) St. Louis Mo. | 12. CITIZEN OF WHAT COUNTRY USA | |

| | | | | | |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME Richard Egan | | 13b. MOTHER'S MAIDEN NAME Mary Carr | | 14. NAME OF HUSBAND OR WIFE Caroline Egan | |
| 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. None | | 17. INFORMANT Address Richard Egan Jr. 1322 McCutcheon 17 | |

| | | | |
|---|--|--|--|
| 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>Carcinoma of liver, metastatic</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>First seen 6/3/59</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinomatosis, abdominal, metastatic</u> | | | |
| DUE TO (c) <u>Carcinoma of pancreas, probable primary</u> | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>157x</u> | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

| | | | |
|---|---|--|-------|
| 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 Month, Day, Year 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 June 3, 1959 to July 20 1959 and last saw her/him alive on July 19 1959
Death occurred at 4:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

| | | | | |
|--|-----------------------------|---|--|------------------------------------|
| 22a. SIGNATURE (Degree or title) <u>Coland Skiffen M.D.</u> | | 22b. ADDRESS <u>100 N. Euclid St. Louis 8</u> | | 22c. DATE SIGNED <u>7/20/59</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 7/23/59 | 23c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem. | 23d. LOCATION (City, town, or county) (State) St. Louis Mo. (16) | |

| | | |
|--|--|--|
| 24. FUNERAL DIRECTOR Fendler Und. Co. 7480 Michigan Ave. | 25. DATE RECD. BY LOCAL REG. JUL 21 1959 | 26. REGISTRAR'S SIGNATURE <u>Neal Smith, M.D.</u> R.P. |
|--|--|--|

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

Dr. Roland S. Kieffer
100 N. Euclid

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. G. Peters

Licensed Embalmer No. 376

P. O. Address 7420 Me

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.