WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

30434

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 8091

City St Louis (No. 1320 N. Market Str. ..... St. ..... Ward)

2. FULL NAME George Degnan

(a) Residence, No. 1320 N. Market St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dorothy Degnan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 3, 1892

7. AGE: YEARS 40 | MONTHS 5 | DAYS 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk 253
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Stix Baer & Fuller
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Missouri 1

FATHER

13. NAME: Michael Degnan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ills. 2

MOTHER

15. MAIDEN NAME: Josephine Shea
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ills.

17. INFORMANT (ADDRESS): Dorothy Degnan 1320 N. Market Str.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Sept 7, 1932

19. UNDERTAKER (ADDRESS): Wm Leidner Und Co. 1417 N. Market Str.

20. FILED SEP -6 1932 Max C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 3rd, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1932, to Sept. 3, 1932
I last saw him alive on Sept. 2, 1932. Death is said to have occurred on the date stated above, at 9 A.m. Sept. 3 32
The principal cause of death and related causes of importance were as follows:

Epilepsy
05

Date of onset

Other contributory causes of importance:

85

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Charles Waelp, M. D.
(Address) Missouri Theatre Bldg