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

Do not use this space.

File No. 27673

Registered No. 7527

1. PLACE OF DEATH

County ..... Registration District No. 1091

Township ..... Primary Registration District No. 1083

City St Louis (No. 5440 Delmar St. Johns Hosp. St. ..... Ward)

2. FULL NAME Roce Egan

(a) Residence, No. 5440 Delmar St., ... 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.

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.

OCT 20 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Baby

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 27-1933

7. AGE: Years —; Months —; Days 4; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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

FATHER

13. NAME: Thos. Egan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo.

MOTHER

15. MAIDEN NAME: Maria O'Leary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo.

17. INFORMANT (ADDRESS): Thos Egan 5440 Delmar

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Calvary DATE: Sept 1 1933

19. UNDERTAKER (ADDRESS): Schott & Smart Co. 4444 Finney Ave

20. FILED: SEP 1 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1933 to Aug 31, 1933

I last saw it ..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spina Bifida	
15th IB (Congenital)	

Other contributory causes of importance:

Name of operation: Repair of area Date of: Aug 30

What test confirmed diagnosis? Clinical Was there an autopsy? No

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?

If so, specify

(Signed) W. P. Glennon, M. D.

(Address) Mary Cl. Bl