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.

SEP 26 1933

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

Do not use this space.
28007

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1003~~ File No. 7079

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

City St Louis (No. 1423 Arlington St. 6 Ward)

2. FULL NAME P. J. Eagen

(a) Residence, No. 1423 Arlington St. 6 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 Fannie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 11 1862

7. AGE YEARS 70 MONTHS 8 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. Night watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Scruggs Vandervoort & Barney
10. Date deceased last worked at this occupation (month and year) 1932 Dec
11. Total time (years) spent in this occupation 12

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

FATHER
13. NAME Michael Eagen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Margaret Maxwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Fannie Eagen 1420 N. Taylor

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Aug 17 1933

19. UNDERTAKER (ADDRESS) Cullen & Kelly 1416 N Taylor

20. FILED AUG 16 1933 19 J F Kredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1933, to Aug 13th, 1933. I last saw him alive on Aug. 13th, 1933. Death is said to have occurred on the date stated above, at 9 45 A m.

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

Myo-carditis chronic — Date of onset 1-5-33

930

Other contributory causes of importance: None

Name of operation None Date of .....

What test confirmed diagnosis? Usual 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? No
If so, specify .....
(Signed) Goldburn H Wilson, M. D.
(Address) 4105 W. Florissant Ave

4405 W Florissant

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