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.

AUG 9 1935

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

Do not use this space.

24557

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Christian Hospital St. ..... Ward)

File No. .....

Registered No. 5942

2. FULL NAME Jennetta Dolyne Egan

(a) Residence, No. 4220 Virginia Ave. St., 15 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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: Female

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7th. 1928

7. AGE: Years 7 Months 0 Days 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) St. Louis
(STATE OR COUNTRY) Mo

FATHER

13. NAME Thomas Egan

14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Nanna J. Hicks

16. BIRTHPLACE (CITY OR TOWN) Colorado
(STATE OR COUNTRY)

17. INFORMANT Thos. Egan
(ADDRESS) 4220 Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Picker DATE July 12th 1935

19. UNDERTAKER Wm Schumacher
(ADDRESS) 3013 Meramec Street

20. FILED JUL 11 1935 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9th. 1935

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1935, to July 9, 1935

I last saw h. alive on July 9, 1935. Death is said to have occurred on the date stated above, at 1 P m.

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

	Date of onset
Pus Appendix and general peritonitis	7-6-35

Other contributory causes of importance:

121

Name of operation Appendectomy Date of 7-8-35

What test confirmed diagnosis? ..... 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) T. H. Dixon, M. D.

(Address) 4068 Shenandoah

4032a Sheetwatch
Pres. 5689
Sec 9-11

4068a Sh[illegible]