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.

APR 25 1936

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

Do not use this space.

13556

File No.

Registered No. 32

1. PLACE OF DEATH

County St. Louis — Registration District No. 1160

Township Central — Primary Registration District No. 4470

City Wellston U. City (No. 6515 Plymouth Ave., St. Ward)

2. FULL NAME Luke Regan

(a) Residence, No. 6515 Plymouth Ave., St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	65	5	21	

OCCUPATION

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

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) Ireland

FATHER

13. NAME Martin Regan

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

MOTHER

15. MAIDEN NAME Mary Mulling

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

17. INFORMANT Mrs. Josephine Regan
(ADDRESS) 6515 Plymouth Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem., DATE March 10/36.

19. UNDERTAKER Jos. W. Clark
(ADDRESS) 1125 Hodiamont Ave.,

20. FILED Mar. 9, 1936 Lena V. Moeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7/36. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11.30 A.M.

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

Date of onset

Chr. arteriosclerosis, Chr. myocarditis, Chr. angina pectoris; Chr. int. nephritis, with edema of the face, hands and lower appendages causing block heart.

Other contributory causes of importance:

Angina pectoris. Died in an attack with block heart. Senility. History of being ill for some time.

Name of operation ..... Date of .....

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

Coroner's View

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 .....

3/9/36

(Signed) Luke B. Timm, M. D.

(Address) 3718 Jennings Rd.

Crown St. Louis Co., Mo.

Co. Coroner