

NOV 4 1936

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

Do not use this space.

1. PLACE OF DEATH

City St. Louis (No. 4541 W. Papin St.)
 County Registration District No. 791
 Township Primary Registration District No. 1008
 File No. 39382
 Registered No. 10421
 St. Ward)

2. FULL NAME Robert James Egan(a) Residence, No. 4541 W. Papin St. St. 18 Ward.

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Use the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-28-1901

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
34 10 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gasoline Salesman9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shell Pet. Co.

10. Date deceased last worked at this occupation month and year Aug. 1936 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME Patrick J. Egan

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

15. MAIDEN NAME Elizabeth Rose

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

17. INFORMANT Patrick J. Egan
(ADDRESS) 4541 W. Papin18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 10-19 193619. UNDERTAKER Kriegshauser Mortuaries
(ADDRESS) 4228 S. Kingshighway20. FILE OCT 16 1936

J. P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-16-36 . 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1936, to Oct. 16, 1936
 I last saw him alive on Oct. 15, 7:25 a.m. 1936. Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis 1930
Chronic Nephritis Aug. 1936
 Date of onset

Other contributory causes of importance:

Chronic Nephritis 1933
 Name of operation None Date of
 What test confirmed diagnosis? All clinical 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) J. P. Bredeck, M. D.
 (Address) 1833 Ma. State Bldg.

Dr. Andrew Peterson 1-3rd

Mt. Thatch Bldg. Fr. 5080

4500 Chautauq St. 3775