DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34308

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 8846

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether

In this community years, months or days)

NOV 13 1939

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town ~~St. Louis~~ NORTHWOODS
(If outside city or town limits, write "RURAL")

(d) Street No. 7131 ~~Rowland~~ Pl. ROLAND PL. (If rural, give location) NR

(e) If foreign born, how long in U. S. A.? --- years.

3. (a) PRINT FULL NAME Edgar J. Egan 250

3. (b) If veteran, name war no

3. (c) Social Security No. 492-01-5419

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ruth Egan

6. (c) Age of husband or wife if alive UNK. years

7. Birth date of deceased March (Month) 9 (Day) 1899 (Year)

8. AGE: Years 40 Months 7 Days 6 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation General manager

11. Industry or business Wm. A. Stickney Cigar Co.

FATHER
12. Name Richard Egan
13. Birthplace Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Carr
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Ruth Egan

(b) Address 7131 Rowland Pl.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct. 18/39 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director Fendler. Und. Co.

(b) Address 7420 Michigan

19. (a) OCT 17 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15th (15th) year 1939 hour 6.45 minute P. M.

21. I hereby certify that I attended the deceased from October eighth (8), 1939, to October 15th, 1939; that I last saw him alive on Sunday noon (12 O'clock Oct 14, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism — Duration 30 min

Due to Thrombophlebitis of right Common Iliac vein & Peritonitis

Due to Acute gangrenous perforated Appendicitis

Other conditions (Include pregnancy within 3 months of death)

Major findings of operations free pus in abdomen Devolled perforated gangrenous Appendix lying over the Colleas vessels in a pool of foul smelling pus

Or autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. W. Edward Meisenbach (M. D. or other)

Address 306 N. Grand Ave Date signed 10/17/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Oliver E. Fendler, Registered Apprentice No. 186, working under my personal supervision.

Embalmer's blank signed OSR

Signed [redacted]

Licensed Embalmer No.

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.