

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

Do not use this space. 1

37259

1. PLACE OF DEATH

County St. Louis

Township

City

Millington
St. Louis County (No.)

1939

Registration District No. 284

Primary Registration District No. 200

File No.

Registered No. 1937

St.

Ward

2. FULL NAME 750 Egan, Mrs. Ellen

(a) Residence, No.

(Usual place of abode)

St. Vincent's South

Ward.

(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)

W, dowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 2

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

7

78

?

?

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

None

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)

Missouri

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

St. Vincent's Records

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Wash. Springs

DATE

11-3-1939

19. UNDERTAKER (ADDRESS)

Otto F. Co. Washington, Mo.

20. FILED

NOV 3 1939

Dr. R. Meyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-28, 1938, to 11-3, 1939

I last saw h.e.r. alive on 11-3, 1939 Death is said to have occurred on the date stated above, at 10:20 am.

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

Senility

Date of onset

?

Other contributory causes of importance:

Dementia Praecox

1848

Arteriosclerosis

?

Name of operation

Date of

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? No

If so, specify

(Signed) David Baschaw

M. D.

(Address) St. Vincent's Saw

WHITE 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.

