

REG. DIST. 791

Primary Registration District No.

Registrar's No. 6868

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis.

(c) Name of hospital or institution:  
4574 Enright Ave. 2

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 47 Years.

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

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased November 24, 1872

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>8</u>	<u>9</u>	hr. min.

9. Birthplace Ireland. 5

10. Usual occupation Police Officer.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Thomas Egan. 5

13. Birthplace Ireland. 5

14. Maiden name Mary Thompson. 5

15. Birthplace Ireland. 5

16. (a) Informant Mrs. Mary Egan.

(b) Address 4574 Enright Ave.

17. (a) Burial (b) Date thereof 8-16-40

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 2840 Linnell Blvd.

19. (a) AUG 13 1940 (b) J. J. [Signature]

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_

(c) City or town St. Louis, Mo. 12

(d) Street No. 4574 Enright Ave.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13th.

year 1940 hour 3 minute 25 A. M.

21. I hereby certify that I attended the deceased from Feb 5 1940, to Aug 13 1940

that I last saw him alive on Aug 13 1940

and that death occurred on the date and hour stated above.

Immediate cause of death Sub acute myocarditis caused by Bronchopneumonia

Due to Bronchopneumonia

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 1072

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy no

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? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature Harry H. [Signature] (M. D. or other) \_\_\_\_\_

Address 4903 Delmar Date signed 8/13/40

Duration \_\_\_\_\_

Underline the cause to which death should be charged statistically.

*Dr Harry Meyer*  
*4900 Premier*  
*1130*

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Stanley Marshall*  
Licensed Embalmer No. *2868*  
P. O. Address *3840 Luedell Blvd*

**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.**