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FILED MAR 25 1941 791

Registration District No. Primary Registration District No. 1003

State File No. Registrar's No. 1330

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

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

In this community
years, months or days

3. (a) PRINT FULL NAME Margarite Egan

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S. O

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 1871 years

7. Birth date of deceased Unk., Unk.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 Unk Unk. hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name Michael Egan

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nonie Matthews

(b) Address 2822 N. 22nd. St.

17. (a) Burial (b) Date thereof 2-11-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

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

(b) Address 3840 Lindell Blvd.

19. (a) FEB 10 1941 (b) J. T. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County COO

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

(d) Street No. 2247a Dodier St.
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8,
year 1941 hour 6:55 minute A. M.

21. I hereby certify that I attended the deceased from February 7, 1941, to February 8, 1941, that I last saw her alive on February 8, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral-Vascular Accident (Posterior Hemorrhage) Duration 24 hrs.

Due to Generalized Arterio-sclerosis

Other conditions Broncho-pneumonia 2 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations (none)

Of autopsy as above

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?.....

While at work? (Specify type of place).....
(e) Means of injury 0

23. Signature Samuel Wallace (M.D. or other) 2/8/41
Address 1515 Lafayette Ave. Date signed

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.....

William Matre

Licensed Embalmer No.....

2825

P. O. Address.....

4348 Lafayette

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, fact should be so stated above.