7. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7658

State File No. .....

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2855

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: City Sanitarium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 mos 3 ds (Specify whether years, months or days)
In this community 21 years

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3820 Lincoln 11
(If rural, give location)

(e) Citizen of foreign country? no 01 (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME KATE EGAN

3. (b) If veteran, name war ----

3. (c) Social Security No. None

4. Sex female 1

5. Color or race white 2

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

6. (b) Name of husband or wife Peter Eagen

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

7. Birth date of deceased May (Month) 15 (Day) 1872 (Year)

8. AGE: Years 72 Months 10 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace not known (City, town, or county) Ireland 11 (State or foreign country)

10. Usual occupation Housewife 1

11. Industry or business .....

FATHER
12. Name John Morris 11
13. Birthplace ..... (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Katherine Kilroy
15. Birthplace ..... (City, town, or county) Ireland 11 (State or foreign country)

16. (a) Informant Thelma A Ziegler
(b) Address 5400 Arsenal St

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof MAR 29 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Cincinnati, Ohio

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N Grand Blvd.

19. (a) MAR 29 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th year 1945 hour 8:35 minute P.M.

21. I hereby certify that I attended the deceased from Sep't 25, 1944 to March 28, 1945 that I last saw her alive on March 28 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease — Duration 1944x
Due to Senility — Duration 1944x.
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....

Major findings:
Of operations .....
Of autopsy no

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 Anthony K. Brisch (M. D. ~~or other~~)
Address 5400 Arsenal Date signed 3/29/45

(Licensed Embalmer's Statement on Reverse Side)

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.