S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 24 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31748

State File No. .....

Registration District No. 518 Primary Registration District No. 1003

Registrar's No. 790

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: 5912 Cote Brilliante /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6-0

(c) City or town St. Louis 6 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5912 Cote Brilliante 9
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Edward J. Geagan

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

3. (c) Social Security No. 702-12-9451

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bess

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased January (Month) 27, (Day) 1881 (Year)

8. AGE: Years 65 | Months 7 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace Syracuse (City, town, or county) New York (State or foreign country)

10. Usual occupation Chief Clerk

11. Industry or business Southwestern Freight Bureau

FATHER
12. Name James Geegan
13. Birthplace New York (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary J. Williams
15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant Wm. H. Geagan
(b) Address Parsons, Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-14-46 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Chas. F. Shuart
(b) Address 1225 Union Blvd

19. (a) SEP 13 1946 (Date received local registrar) (b) J. S. Bridell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 11 year 1946 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from Mar 12 1945, 19.. to Sep 11 1946 that I last saw him alive on Sep 10 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hydrocephalus — Duration

Due to .....

Due to Chronic arteriosclerosis

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

Major findings: Of operations none

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) none

(b) Date of occurrence .....

(c) Where did injury occur? none (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no injury (Specify type of place)

While at work? ..... (e) Means of injury none

23. Signature Geo F Harmann (M. D. or other)

Address 2738 N Broad St Louis Mo Date signed 9-13-46

(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 John S. Kennedy

Licensed Embalmer No. 4194

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.