

REGAN

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22004

No. 300
10. 48

FILED JUL 2 1949

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. Jobe Registrar's No. 320

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: rank/grade before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>3426 Caroline St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret G.</u> b. (Middle) <u>Regan</u> c. (Last) <u>Regan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 29, 1949</u>
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>	8. DATE OF BIRTH <u>Apr. 26, 1868</u>
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>John W. McCluskey</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Kelly</u>	
13c. NAME OF HUSBAND OR WIFE <u>Patrick Regan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary O'Connor</u>		ADDRESS <u>1007 Claytona Ter.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Primary Carcinoma of Liver</u> DUE TO (b) <u>I don't know</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Had a obstruction bowel w/ h. umbilical hernia</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>56 h</u> <u>40 f</u>	
19a. DATE OF OPERATION <u>3/23/49</u> <u>2 5/18/49</u>		19b. MAJOR FINDINGS OF OPERATION <u>First op - Relief obturator Repair</u> <u>2nd op - Exploration of abdomen & hernia</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>W</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Mar/6</u> , 19 <u>49</u> to <u>May/29</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3/29</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>Community Club Bldg</u>	
23c. DATE SIGNED <u>5/31/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 1, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-31-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
GENERAL DIRECTOR'S SIGNATURE _____		ADDRESS <u>8840 Lindell Blvd.</u>	

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

JUL 5 1948

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Thomas R. Fenwick*

Licensed Embalmer No. *3793*

P. O. Address. *3840 Lindell*

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.