

FILED AUG 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH28459
State File No. 7063
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) township) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1822 N. Leffingwell Ave.				d. STREET ADDRESS (If rural, give location) 20 - 1822 N. Leffingwell Ave.			
3. NAME OF DECEASED (Type or Print) John		a. (First)		b. (Middle) J. Reagan		4. DATE OF DEATH (Month) (Day) (Year) Aug. 12, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 13, 1893		9. AGE (In years last birthday) 55 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe Fitter		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME John Reagan		13b. MOTHER'S MAIDEN NAME Ellen Cahill		14. NAME OF HUSBAND OR WIFE Bernice Callanan Reagan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) Yes		16. SOCIAL SECURITY NUMBER World War #1 494-07-0353		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bernice Reagan 1822 N. Leffingwell			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung INTERVAL BETWEEN ONSET AND DEATH unknown ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) Mo		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? 163X					
22. I hereby certify that I attended the deceased from Aug 1, 1949 , to Aug 12, 1949 , that I last saw the deceased alive on Aug 11, 1949 , and that death occurred at 7:00 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE Wm. C. Macdonald M.D.				(Degree or title)		23b. ADDRESS 539 N. Grand Ave.	
23c. DATE SIGNED 8/12/49		24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-16, 1949		24c. NAME OF CEMETERY OR CREMATORY St. Louis, Mo.	
24d. LOCATION (City, town, or county) (State)		DATE REC'D BY LOCAL HEALTH OFFICER AUG 14 1949		REGISTRAR'S SIGNATURE J. B. Hunter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Callinane Bros. 3320 N. Kingshighway	

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed.....

Fred Frick

Signed.....
Student Embalmer

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.