

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6158**
1169

FILED FEB 17 1950
104915

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1000		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		210	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				d. STREET ADDRESS (If rural, give location) 10429 W Margarella			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle) _____		c. (Last) EAGAN		4. DATE OF DEATH (Month) (Day) (Year) February 4th, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH Sept 25 1876	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____	IF UNDER 60 MIN. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sta. Engineer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Kennedy, Ill.		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME John Eagan		13b. MOTHER'S MAIDEN NAME Mary Southwood		14. NAME OF HUSBAND OR WIFE Lillie Eagan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Lillie Eagan ADDRESS _____			
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) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Anterovascular generalized 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.				INTERVAL BETWEEN ONSET AND DEATH 1 day 10 years	
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) B37X			
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 10/27/49 to 2/4/50 , 19____, that I last saw the deceased alive on 2/4/50 , 19____, and that death occurred at 7:35 PM m., from the causes and on the date stated above.							
23a. SIGNATURE M. G. Amey, M.D. (Degree or title) _____				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 2/6/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/7/50		24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery, Kennett, Mo.		24d. LOCATION (City, town, or county) (State) Ill.	
DATE REC'D BY LOCAL REG. FEB 6 1950		REGISTRAR'S SIGNATURE J. B. Faraba		25. FUNERAL DIRECTOR'S SIGNATURE Drehman-Henard ADDRESS 1905 Union			

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.

Student
Student Embalmer

Signed:

Albert R. Thompson

Licensed Embalmer No. *4235*

P. O. Address

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.