

FILED DEC 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39222

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2863

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>residence-30 Brentmoor Park</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u> <u>4452</u>	
		d. STREET ADDRESS (If rural, give location) <u>30 Brentmoor Park</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LOUIS</u>	b. (Middle) <u>HENRY</u>	c. (Last) <u>EGAN</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>11</u> <u>25</u> <u>50</u>

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 21, 1881</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired President</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Union Electric Co.</u>	11. BIRTHPLACE (State or foreign country) <u>LaCrosse, Wisconsin</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John M. Egan</u>	13b. MOTHER'S MAIDEN NAME <u>Susannah Gallagher</u>	14. NAME OF HUSBAND OR WIFE <u>Fanny James Egan</u>
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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. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fanny J. Egan, 30 Brentmoor Park</u>	ADDRESS <u>30 Brentmoor Park</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>	DUE TO (b) <u>Cerebrovascular accidents, multiple</u> <u>11 yrs</u>		
ANTECEDENT CAUSES	DUE TO (c) <u>Arteriosclerosis</u> <u>11 yrs</u>		
II. OTHER SIGNIFICANT CONDITIONS	<u>Hypertension</u> <u>15 yrs</u>		

\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> AT HOME <input type="checkbox"/> AT WORK	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 1948 to 25 Nov, 1950, that I last saw the deceased alive on 25 Nov, 1950, and that death occurred at 11 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Leos Bottler, M.D.</u>	23b. ADDRESS <u>457 N. Kingshighway.</u>	23c. DATE SIGNED <u>11/27/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried Roubidoux</u>	24b. DATE <u>11-29-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11/27/50</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donker M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. R. Lupton &amp; Sons-7233 Delmar Blv'd., University City, Missouri.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Leo Gottlieb  
457 N. Kingshighway  
FO-5308

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*- 1 to 5*

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *Arnold W. Schoene*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3864*

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.