

FILED JUL 16 1951

STANDARD CERTIFICATE OF DEATH

State File No. 25161
5924

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 town) OR TOWN ST. LOUIS Mo		c. LENGTH OF STAY (In this place) Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2029			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5418 ^a RHODES				d. STREET ADDRESS (If rural, give location) 5418 ^a RHODES			
3. NAME OF DECEASED (Type or Print)		a. (First) MARGARET		b. (Middle) T.		c. (Last) REGAN	
4. DATE OF DEATH		Month		Day		Year	
JULY		1		1951			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH	
APRIL		9. AGE (In years last birthday) 74		10. KIND OF BUSINESS OR INDUSTRY RETIRED SCHOOL TEACHER		11. BIRTHPLACE (State or foreign country) ST. LOUIS Mo	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME JOHN REGAN		13b. MOTHER'S MAIDEN NAME ELLEN MECHAN		14. NAME OF HUSBAND OR WIFE		M	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME MARY REGAN 5418 ^a RHODES		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Parkinson's Disease Antecedent Causes: Arterio Sclerosis Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH Days	
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)			
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 250X			
22. I hereby certify that I attended the deceased from 8-15, 1936, to 7-1, 1951, that I last saw the deceased alive on 6-30, 1951, and that death occurred at 2:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Carey P. [Signature] (Name or title)				23b. ADDRESS 200 P.M.		23c. DATE SIGNED 7-2-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 3 1951		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo	
DATE REC'D BY LOCAL REG. JUL 2 1951		REGISTRAR'S SIGNATURE J. B. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Rutis 296 [Signature]		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

12th St. Monday
Je 1800

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..... *Samuel Dill*

Signed.....
Student Embalmer

Licensed Embalmer No. *4347*

P. O. Address *2906 Davis*

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.