

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36765**
Registrar's No. **9794**

NOV 13 1952

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>0</u> weeks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> 2239		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alexian Bros. Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>23</u> <u>621 Shenandoah St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Patrick</u> b. (Middle) <u>C.</u> c. (Last) <u>Regan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10/24/52</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>Jan. 30, 1896</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Cornelius Regan</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Burke</u>	
14. NAME OF HUSBAND OR WIFE <u>Irene</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-14-2449</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Irene Regan</u>		17. ADDRESS <u>--621 Shenandoah</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>Carcinoma of Tongue & Uvula</u> & <u>metastases</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Cardiac Failure</u> 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 <u>4-8-51</u> <u>4-20-51</u>			19b. MAJOR FINDINGS OF OPERATION: <u>Carcinoma of Tongue Squamous Cell, Carcinoma of Uvula Type?</u>		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>141X</u>	
22. I hereby certify that I attended the deceased from <u>4-2</u> , 19 <u>51</u> , to <u>10/24</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10/29</u> , 19 <u>52</u> , and that death occurred at <u>1:50a</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>H. Cappiari M.D.</u>		(Degree or title)		23b. ADDRESS <u>1901 Madison St.</u>	
23c. DATE SIGNED <u>10/24/52</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>		23e. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u>	
23f. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23g. DATE <u>10/27/52</u>		23h. FUNERAL DIRECTOR'S SIGNATURE <u>Wacker-Wilderle</u>	
23i. DATE REC'D BY LOCAL REG. <u>OCT 24 1952</u>		23j. REGISTERAR'S SIGNATURE <u>Carl Smith M.D.</u>		23k. ADDRESS <u>3634 Gravois</u>	

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 Robert Wheeler.....

Licensed Embalmer No. 2128.....

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.