

FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32189**

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **263**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Columbia	c. LENGTH OF STAY (In this place) 16 days	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		STREET ADDRESS (If rural, give location) 3949 Forest Park	

3. NAME OF DECEASED (Type or Print) Edward Joseph Egan	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Oct 10 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH (Month) (Day) (Year) May 23 1891	9. AGE (In years last birthday) (Months) (Days) 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Salvation Army	11. BIRTHPLACE (City and State or Foreign Country) —	12. CITIZEN OF WHAT COUNTRY? United States	

13a. FATHER'S NAME Martin J. Egan	13b. MOTHER'S MAIDEN NAME Mary McQuilty	14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and date of service) Yes	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME Hospital Records 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		INTERVAL BETWEEN ONSET AND DEATH 48 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		
ANTECEDENT CAUSES		DUE TO (b) Cholelithiasis, Obstruction Common Bile Duct 3 mo.	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Carcinoma Head of Pancreas ? 1 yr.	
II. OTHER SIGNIFICANT CONDITIONS		Airrosis of Liver 157X	
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 10-3-55	19b. MAJOR FINDINGS OF OPERATION Carcinoma Head of Pancreas Obstructing Common Duct, Cholelithiasis	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	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 **10-1**, 19**55**, to **10-10**, 19**55**, that I last saw the deceased alive on **10-10**, 19**55**, and that death occurred at **12:15 pm.**, from the causes and on the date stated above.

23a. SIGNATURE D. Burdette, M.D., Prof of Surgery (Degree or title)	23b. ADDRESS 4 Garden Court	23c. DATE SIGNED 10-11-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct. 11 '55	24c. NAME OF CEMETERY OR CREMATORY National Cem.
24d. LOCATION (City, town, or county) St. Louis		(State) Mo.

DATE REC'D BY LOCAL REG. Oct 11 1955	REGISTRAR'S SIGNATURE Mrs. R. E. Palmer	25. FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Service ADDRESS Columbia
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 1 1965

NOV 2 1965

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.....
Signature of Student Embalmer

Signed *Tom M. Hery*.....

Licensed Embalmer No. *406*

P. O. Address *Columbe*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.