MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6812

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2046

City St Louis (No. 4666 St Ferdinand St. ..... Ward)

2. FULL NAME Albert Egli

(a) Residence. No. ..... St., 11 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nellie Egli

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 11th 1860

7. AGE: Years 66 Months 7 Days 16 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Shoe Worker
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER: John U Egli
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Switzerland
12. MAIDEN NAME OF MOTHER: Barbara Beichoffer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Switzerland

14. INFORMANT: Mrs Nellie Eickenhorst
(Address) 4666 St Ferdinand

15. FILED MAR -1 1927, 19 Max C Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2/27/ 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1927, to Feb 27, 1927, that I last saw him alive on Feb 27, 1927, and that death occurred, on the date stated above, at 8 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy
Hemorrhage
131
82A (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis
..... (duration) ..... yrs. ? mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) H P Thompson, M. D
2/28/ 1927 (Address) 3108 Cass

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla Crematory
DATE OF BURIAL: 3-2 1927

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Wash St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

[illegible] UNFADING INK—THIS IS A PERMANENT RECORD

[illegible]
[illegible]
[illegible] 1888