

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

30388
 Do not use this space.

1933 OCT 12

1. PLACE OF DEATH

(a) County..... Registration District No. 791
 (b) Township..... Primary Registration District No. 1008 Registered No. 7825
 (c) City St Louis Mo. (d) Street No. 4516 Forest Park Blvd. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lucy M. Eggleston

(a) Residence, No. 4516 Forest Park Blvd. St. 12 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles H Eggleston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
52 6 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Saleslady
 9. Industry or business in which work was done, as saw mill, bank, etc. Dep't Stores
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Mo.

FATHER 13. NAME George T Gartrell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton Mo.

MOTHER 15. MAIDEN NAME Virginia E Gaunt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harpers Ferry Virginia

17. INFORMANT Mary Gartrell
 (ADDRESS) 4516 Forest Park Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem DATE 9-6-38

19. FUNERAL DIRECTOR Thomas J. Finnan
 (ADDRESS) 1519 South Grand Blvd.

20. FILED SEP - 4 1933 J. D. Prudek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3rd 1938

22. I HEREBY CERTIFY, That I attended deceased from April 7th 1936 to Sept 3rd 1938
 I last saw her alive on Sept 3rd 1938 Death is said to have occurred on the date stated above, at 2:00 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Rectum April 1936

Other contributory causes of importance:
 Name of operation none Date of.....
 What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? no Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) J. J. Gallagher, M. D.
 (Address) W. Wall Betty 3903 Olive

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.

STATEMENT BY LICENSED EMBALMER

I, Howard R Rawland, Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Howard R Rawland

Licensed Embalmer No. _____

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.)