REC'D OCT 12 1938

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

791

30389
Do not use this space.
7826

1. PLACE OF DEATH
(a) County ..... Registration District No. 1008
(b) Township ..... Primary Registration District No. ..... Registered No. .....
(c) City St. Louis, Mo. (d) Street No. 4500 Block of Manchester, Ave. 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 Alice Eggers 262
(a) Residence, No. 4540 Manchester, Ave. St. 18
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank Eggers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 8/1873.
7. AGE: YEARS 65 MONTHS 5 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) Sept. 1/1938
11. Total time (years) spent in this occupation 40yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Osage County Missouri. 0

FATHER
13. NAME: George Odell 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Tenn. 0

MOTHER
15. MAIDEN NAME: Nancy Weddell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Missouri.

17. INFORMANT (ADDRESS): Frank Eggers 4540 Manchester, Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sullivan, Mo. DATE Sept. 5/ 1938.
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Albert H. Hoppe, Inc. 429 N. Euclid, Ave.
20. FILED SEP - 4 1938 J. F. Biedrich Local Registrar.

MEDICAL CERTIFICATE OF DEATH
No attending physician
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1/ 1938.
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:35 P m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis

Other contributory causes of importance: 23

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... 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? 4
If so, specify .....
(Signed) Alfred J. Perry, M. D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PRIMARY 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision:

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.