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.

REC'D NOV 10 1938

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

35339
Do not use this space.

1. PLACE OF DEATH
(a) County Cape Girardeau 2 Registration District No. 128
(b) Township [illegible] 1 Primary Registration District No. 5178 Registered No. 303
(c) City — (d) Street No. Route 1 Cape Girardeau Mo 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 Ruth Ann Eggeman
(a) Residence, No. St. (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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31-1938
7. AGE YEARS — MONTHS 1 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Route 1 Cape Girardeau Mo

FATHER
13. NAME Walter C Eggemann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gardonville Mo

MOTHER
15. MAIDEN NAME Amarida Muster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Allenville Mo

17. INFORMANT (ADDRESS) W. C. Eggemann Route 1 Cape Girardeau
18. BURIAL, CREMATION, OR REMOVAL
PLACE Gardonville DATE Sept 29 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Brentop Howell Cape Girardeau Mo
20. FILED 10-1 1938 J. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1938 to Sept 28, 1938
I last saw her alive on Sept 28, 19.... Death is said to have occurred on the date stated above, at 3:30 p m.
The principal cause of death and related causes of importance were as follows:
Colo cystitis 2 Days
Date of onset
Other contributory causes of importance: 127
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?
If so, specify
(Signed) E. R. Schorr, M. D.
(Address) Jackson Mo

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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