

MAY 10 1939

JUN 8 1939

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

19766

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Marion Primary Registration District No. 200 Registered No. 854
(c) City Overland (d) Street No. 9014 Argel 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

265 Thomas Eggering
(a) Residence, No. Old Monroe 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Chied
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 - 33
7. AGE YEARS 5 MONTHS 9 DAYS 4 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as saw mill, bank, etc. Chied
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) Lucas Co Mo

FATHER 13. NAME Eggering
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lucas Co Mo

MOTHER 15. MAIDEN NAME Burkemper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lucas Co Mo

17. INFORMANT Ambrose Eggering
(ADDRESS) Old Monroe

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Monroe Mo DATE May 11 1939

19. FUNERAL DIRECTOR (NAME) Wilde & Keithly
(ADDRESS) Old Monroe Mo

20. FILED MAY 10 1939 R. M. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1939

22. I HEREBY CERTIFY, That I attended deceased from April 19 1939, to May 9 1939
I last saw him alive on May 9 1939 Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

Septic Endocarditis Date of onset As not known
56 a

Other contributory causes of importance:

Inflammatory Rheumatism As not known

Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical 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? no
If so, specify _____

(Signed) D. J. Ritter M.D.
(Address) 2548 Woodson Road
Overland Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

E. A. Keithly

..... or by

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

Signed.....

E. A. Keithly

Licensed Embalmer No. *872*

P. O. Address *Follow Me*

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