DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33968

Registration District No. REC'D NOV 13 1939 791

Primary Registration District No.

Registrar's No. 8506

1. PLACE OF DEATH: 1003 1

(a) County S

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~Lincoln~~ 0 7

(c) City or town ~~Old Monroe~~ ST LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 4974 NATURAL BRIDGE
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Baby Eggering 266

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Dead) Oct. 3, 1939
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day Stillborn hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation 0

11. Industry or business

FATHER
12. Name Frank Eggering 0
13. Birthplace Old Monroe (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Sophia Koehler
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Frank Eggering
(b) Address Old Monroe Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 4'39 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Gromschurg Und. Co.
(b) Address 4746 W. Florissant Ave.

19. (a) OCT 4 1939 (Date received local registrar) (b) J. F. Bochek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3
year 1939 hour 12 minute 10 P M.

21. I hereby certify that I attended the deceased from 10-3-, 1939, to 10-3-, 1939;
that I last saw her alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Still born	
Due to Short Umbilical Cord	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. H. White (M. D. ~~or other~~) 1
Address 2803 N. Kingshighway Date signed 10-3-39

(Licensed Embalmer's Statement on Reverse Side)

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Guy W Wilkinson

Licensed Embalmer No.....2575

P. O. Address.....

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

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