

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

27

Registrar's No. _____

27

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5419 Euclid Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
29 Years (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
 (c) City or town St Louis Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5419 Euclid Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

Millan Egni 250

8. (b) If veteran, name war _____

3. (c) Social Security No. 327-03-1976

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Hedwig Egne

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Oct 11 Th 1885
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.
54 - - - - 2 - 22 - _____ hr. _____ min.

9. Birthplace Rumania
 (City, town, or county) (State or foreign country)

10. Usual occupation Janitor East St Louis I
Swift Packing Co

11. Industry or business

MOTHER FATHER {
 12. Name Staco EGNE
 13. Birthplace Rumania
 (City, town, or county) (State or foreign country)
 14. Maiden name Not known
 15. Birthplace Rumania
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hedwig Egne
 (b) Address 5419 Euclid Ave 1940

17. (a) Burial (b) Date thereof Jan 4 TH
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Friedens Cem

18. (a) Signature of funeral director Edward Koch
 (b) Address 3516 N 14 Th Str

19. (a) JAN 3 1940 (b) J. F. [Signature]
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2
 year 1940 hour 9:45 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from April 26
1935 to Jan 5, 1940
 that I last saw him alive on January 1st, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Rt. Hemiplegia
 Due to Cerebral Anoxia

Due to Rheumatic Heart Disease with
Arteriosclerosis
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

Duration

7 days

4 yrs.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Louis E. [Signature] (M. D. or other) _____
 Address 7724 [Address] Date signed Jan 2-1940

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..... *B. W. Finner*.....

Licensed Embalmer No..... *1391*.....

P. O. Address..... *4106⁹ Bot...*.....

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.