S. No. 2
—11-10-39
v. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5017
Registrar's No. 1847

Registration District No. 791 Primary Registration District No. 1003

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:
City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 Day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 19
(If outside city or town limits, write "RURAL")
(d) Street No. 4126 Westminister Ave
(If rural, give location)
No Physician in Attendence
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Carrie Lyle Eggelston
3. (b) If veteran, name war ****
3. (c) Social Security No. ****
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 30 1898 (Month) (Day) (Year)

8. AGE: Years 42 Months 0 Days 22 If less than one day hr. min.

9. Birthplace Virginia (City, town, or county) (State or foreign country)
10. Usual occupation Shoe Worker
11. Industry or business
FATHER
12. Name Matthew L. Eggelston
13. Birthplace Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Fitzhugh
15. Birthplace Virginia (City, town, or county) (State or foreign country)
16. (a) Informant [signature]
(b) Address Coroners Office
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof feb 26 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Roanoke Virginia
18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave
19. (a) FEB 23 1940 (Date received local registrar) (b) J. F. Budich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21 year 1940 hour 6:58 minute P. M.

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

Immediate cause of death — Duration
Due to Deaf Ear
Due to (Coma)
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 59
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 [signature] (M. D. or other)
Address Deputy Coroner Date signed

(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. 2245

P. O. Address St Louis Mo

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.