No. 2
1-19
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13620

MAY 15 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3822

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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

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

In this community 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair

(c) City or town East St. Louis NR
(If outside city or town limits, write "RURAL")

(d) Street No. 111 Bluff Drive
(If rural, give location)

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

3. (a) PRINT FULL NAME AUGUST MANEWAL EGGMANN

3. (b) If veteran, name war Spanish Amer.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Frieda S.

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Feb. 4, 1880 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
60	2	23	hr. min.

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

10. Usual occupation Real Estate

11. Industry or business Loans & Insurance

FATHER
12. Name Emil J. Eggmann
13. Birthplace Switzerland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Manewal
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant J. Menestrina

(b) Address East St. Louis, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 29, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director C. Murrus

(b) Address East St. Louis, Ill.

19. (a) APR 29 1940 (Registrar's signature) (b) J. Bradley (Signature of clergyman, etc.)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1940 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from April 23, 1940, to April 27, 1940; that I last saw him alive on April 27, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Broncho-pneumonia post operative

Due to Carcinoma of floor of mouth (right side) c̄ metastases to neck

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Resection of right mandible and right neck dissection

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 F P Bradley (M. D. or other)

Address BARNES HOSPITAL 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. 3162

P. O. Address East St. Louis, Ill

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

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