

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 302

FILED DEC 11 1940

1. PLACE OF DEATH:  
(a) County Callaway - Fulton  
(b) City or town Fulton  
(c) Name of hospital or institution: State Hosp #1 Fulton Mo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 58 days  
(Specify whether  
In this community 58 days 3  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1129 N. Grand Blvd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Perry Eggleston  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 15  
year 1940 hour 1 minute 05 A. M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Nannie C. Eggleston (Deceased) 6. (c) Age of husband or wife if alive DK years  
7. Birth date of deceased June 1855  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9/17, 1940 to 11/15, 1940  
that I last saw him alive on 11/14, 1940; and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 85 Days 5 14 If less than one day  
85 hr. 14 min.

Immediate cause of death arteriosclerosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace U.S.A.  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter  
11. Industry or business 4  
12. Name Arthur Eggleston 9  
13. Birthplace DK  
(City, town, or county) (State or foreign country)  
14. Maiden name Eddra (?)  
15. Birthplace DK  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy arteriosclerosis, uric acid, Myocarditis

16. (a) Informant Gate Hosp. #1 - Records  
(b) Address Fulton Mo  
17. (a) Removal (b) Date thereof Nov. 15 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Louis Mo  
18. (a) Signature of funeral director Howard Rowland  
(b) Address Washington Ave. St. Louis, Mo  
19. (a) Nov. 14, 1940 (b) R. N. Crews  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following: No  
(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? No  
IN (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature George F. Wood (M. D. or other) MD  
Address State Hospital #1 Fulton Date signed 11/15/40

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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.....

P. O. Address.....

**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, fact should be so stated above.**