

FILED FEB 24 1942

Registration District No. **79**

Primary Registration District No. **200**

Registrar's No. **307**

1. PLACE OF DEATH  
 (a) County St. Louis  
 (b) City or town Pinelawn  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4112 Oakwood Ave  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
 (Specify whether years, months or days) 70 Years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 96  
 (c) City or town Pinelawn  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4112 Oakwood Ave  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frederick H. Eggert  
 (b) If veteran, name war None  
 (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Feb day 8th  
 year 1942 hour 10 minute 35 A.M.  
 21. I hereby certify that I attended the deceased from Oct 7 - 1941  
 19 Feb 8 - 1942  
 that I last saw him alive on Feb 8 - 1942  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower  
 6. (b) Name of husband or wife Mary Eggert nee Kaemper 6. (c) Age of husband or wife if alive ----- years  
 7. Birth date of deceased December 10, 1865  
 (Month) (Day) (Year)

Immediate cause of death Carcinoma of Liver Duration 2 yrs  
 Due to \_\_\_\_\_  
 Due to 467  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
76 1 29 hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Frederick Eggert  
 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr William A. Richter  
 (b) Address 4112 Oakwood Ave

17. (a) Burial (b) Date thereof 2/11/42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Salem Black Jack Cemetery

18. (a) Signature of funeral director Math Hermann & Son  
 (b) Address 2161 East Fair Ave

19. (a) FEB 11 1942 (Date received local registrar)  
 (b) E. M. Johnson (Registrar's signature)

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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 E. Weaver Johnson (M. D. or other) MD  
 Address 3031 Payne Ave Date signed Feb 8 '42

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

96  
0  
0

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

*Leonard Hamilton*

Licensed Embalmer No.

*2967*

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, fact should be so stated above.

STATE OF MISSOURI