

FILED MAY 14 1943

Registration District No. 218

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:
2811 McNair
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 45 years (Specify whether 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. 2811 McNair
(If rural, give location)
(e) Citizen of foreign country?..... No. (Yes or No)
If yes, name country.....

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3. (a) PRINT FULL NAME Mrs. Amalia Egeling

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, Widowed

6. (b) Name of husband or wife..... Charles Egeling 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... June 7th, 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 26 If less than one day..... hr. min.

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

10. Usual occupation At Home

11. Industry or business.....
12. Name..... Mr. John Grother

13. Birthplace..... Altenburg Missouri
(City, town, or county) (State or foreign country)

14. Maiden name..... Mr. Emelia Palisch
15. Birthplace..... Altenburg Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mr. Walter Egeling
(b) Address..... 2811 Mc. Nail

17. (a) Burial (b) Date thereof..... May 6, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... St. Trinity Luth Cemetery

18. (a) Signature of funeral director..... Beiderwieden F. H. Inc.
(b) Address..... 1936 St. Louis Avenue

19. (a) MAY 6 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd
year 1943 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from.....
November 11 1942 to May 3rd 1943
that I last saw h..... alive on..... May 2nd 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral apoplexy.

Due to.....
Arterio Sclerosis

Other conditions.....
(Include pregnancy within 6 months of death) Quinine Nephritis

Major findings:
Of operations..... none
Of autopsy..... none

Duration
1 day.
2 yrs.
2 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)
23. Signature..... Julius C. Koller (M. D. or other) Dr. K.
Address..... 3603 Chamber St. Date signed..... 5-3-43

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

MOTHER FATHER

Dr. Julius Ratten
Cherokee & Jefferson

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

Felix J. Krupin

Licensed Embalmer No. *3497*

P.O. Address *1936 St. Louis*

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.