

5. No. 2  
M-5-43  
5-17-39  
I X36671

**FILED NOV 7 1946**

Registration District No. **318**

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:  
**4575 Kennerly Ave.**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether)  
 In this community..... **Life**  
years, months or days

**3. (a) PRINT FULL NAME**..... **Fred Eggert**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No.....

4. Sex..... **Male** 5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Widowed**

6. (b) Name of husband or wife..... **Elizabeth Eggert**

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

7. Birth date of deceased..... **May 3, 1870**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day	
<b>76</b>	<b>10</b>	<b>22</b>	hr.	min.

9. Birthplace..... **St. Louis, Missouri.**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Unemployed**

11. Industry or business.....

**MOTHER FATHER**

12. Name..... **Henry 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..... **Mrs. Florence Juergens**  
 (b) Address..... **4442 Athlone Ave.**

17. (a) **Burial**  
(Burial, cremation, or removal) (b) Date thereof..... **Oct. 28, 1946.**  
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Zion Cemetery**

18. (a) Signature of funeral director..... **Calvin F. Feutz Funeral Home**  
 (b) Address..... **4828 Natural Bridge**

19. (a) **OCT 28 1946**  
(Date received local registrar) (b) **J. J. Bremer**  
(Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State..... **Missouri** (b) County..... **0100**

(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL") **1117**

(d) Street No..... **4575 Kennerly Ave.**  
(If rural, give location) **9**

(e) Citizen of foreign country?.....  
(Yes or No) **1A**

If yes, name country.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month..... **Oct** day..... **27**  
 year..... **1946** hour..... **12** minute..... **20** a.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..... **Chronic Myocarditis**

Duration..... **93d**

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

**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?.....

23. Signature..... **John E. Hughes**  
(Specify type of place) (Means of injury)  
(M. D. or other)

Address..... **NY** Date signed..... **10/28/46**

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

STATEMENT BY LICENSED EMBALMER

Not embalmed

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..... Ralph C. Linders .....

Licensed Embalmer No..... 4275 .....

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.**