

No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3374
Registrar's No. 267

Registration District No. 317

Primary Registration District No. 3066

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town KIRKWOOD

(c) Name of hospital or institution: #3 EGGELE LANE KIRKWOOD MO.
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St Louis

(c) City or town KIRKWOOD
(If outside city or town limits, write "RURAL") 4

(d) Street No. KIRKWOOD AVE 3
(If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FREDERICK W. EGGELE

(b) If veteran, name war NO

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5 year 1947 hour 4 minute _____ A.M.

21. I hereby certify that I attended the deceased from Feb 5 1947 to Feb 5 1947 that I last saw him alive on Feb 5 1947 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 MARRIED

6. (b) Name of husband or wife IDA EGGELE

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased: OCTOBER 11 1865
(Month) (Day) (Year)

Immediate cause of death: Cerebrovascular - with left hemiplegia

Due to _____

Due to 830

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration about 4 days

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years 81 Months 3 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation NIL

11. Industry or business _____

12. Name E. G. EGGELE

13. Birthplace GERMANY (City, town, or county) (State or foreign country) 4

14. Maiden name DOROTHY KEMPER

15. Birthplace GERMANY (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs. Ida Eggele

(b) Address Kirkwood Mo

17. (a) BURIAL (b) Date thereof FEB. 7 - 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director E. J. Schurr

(b) Address 3125 Lafayette Av.

19. (a) 2-7-47 (b) Arthur J. Allen MD
(Date received local registrar) (Registrar's signature)

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 0

23. Signature [Signature] (M. D. or other) MD

Address 3606 Adams Ave Date signed 2/5/47

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.....

Joe B. Vollmer

Licensed Embalmer No. *4014*

P. O. Address: *St Louis 4014*

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.