S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14043

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3697

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: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community 82 years

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. 4500 Washington
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Emma K. Eger
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 William Eger
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 22, 1865 (Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 24 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
MOTHER FATHER
12. Name John Walz
13. Birthplace Stuttgart, Germany (City, town, or county) (State or foreign country)
14. Maiden name Catherine Flaig
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Miss Margaret Walz
(b) Address 5000 So. Broadway
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 20, '48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Churchyard
18. (a) Signature of funeral director Beiderwieden F.H. Inc.
(b) Address 1936 St. Louis Missouri
19. (a) APR 1 9 1948 (Date received by registrar) (b) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 16 year 1948 hour 6 minute 30 P. M.
21. I hereby certify that I attended the deceased from Mar 16 1948 to May 16 1948 that I last saw her alive on April 16 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Rectum	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Metastasis to peritoneum	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. F. Bergman (M. D. or other) M.D.
Address 3720 Washington Date signed 4/17/48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr H. F. Bergman
3720 Washington
9-10 a.m.

Je 6204 2-3 P.M.

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 Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave.

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.