

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

KC 13 152 528
FILED # 934922 1951

State File No. **21671**

BIRTH NO. **6-22-51** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **2455**

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give town) Jefferson Barracks	c. LENGTH OF STAY (in this place) township) 56 days	c. CITY (If outside corporate limits, write RURAL and give township) Chester 8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION Vets. Admin. Hosp.		d. STREET ADDRESS (If rural, give location) 1023 Williams Street	

3. NAME OF DECEASED (Type or Print) a. (First) BEN	b. (Middle) (NMI)	c. (Last) EGGERS	4. DATE OF DEATH (Month) (Day) (Year) June 19, 1951
--	--------------------------	-------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 2, 1892	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days 	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	--------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer	10b. KIND OF BUSINESS OR INDUSTRY - - - - -	11. BIRTHPLACE (State or foreign country) Chester, Illinois /	12. CITIZEN OF WHAT COUNTRY? USA
---	--	--	---

13a. FATHER'S NAME Ernest Eggers	13b. MOTHER'S MAIDEN NAME Henrietta Schilling	14. NAME OF HUSBAND OR WIFE Florence Eggers
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI	16. SOCIAL SECURITY NO. 319 28 0990	17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, VAH, Jeff. Brks., Mo.	ADDRESS
---	--	--	-----------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 28 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF PHARYNX		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ESOPHAGEAL OBSTRUCTION WITH GACHEXIA			

19a. DATE OF OPERATION 1-27-51	19b. MAJOR FINDINGS OF OPERATION EXTRINSIC SQUAMOUS CELL CARCINOMA OF PHARYNX	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
---------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **4-24-51**, 19**51**, to **6-19-51**, 19**51**, ~~that I was not present at the death~~ and that death occurred at **6:15 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E.C. O'BRIEN, M.D.	23b. ADDRESS VAH, JEFF. BKS., MO.	23c. DATE SIGNED 6-19-51
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-19-1951	24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery	24d. LOCATION (City, town, or county) (State) Chester Illinois
--	----------------------------	---	---

DATE REC'D BY LOCAL REG. 6-19-51	REGISTRAR'S SIGNATURE Herbert P. Donke	FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary, St. Louis, Mo.	ADDRESS
---	---	--	-----------------

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Ronald O. Yahrke
.....
Licensed Embalmer No. *3917*
P. O. Address *W. Harris 10*

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.