

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6357

FILED FEB 16 1952

State File No. ....

BIRTH NO. 10133 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0750

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township)		a. STATE <u>Mo.</u>	b. COUNTY <u>St. Louis</u>
c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township)		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION	OR TOWN <u>ST. LOUIS</u>		<u>304 CORONA COURT</u>
LUTHERAN HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ALFRED</u>	b. (Middle) <u>EUGENE</u>	c. (Last) <u>EGGERT</u>	4. DATE OF DEATH (Month) (Day) (Year)
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>1-11-52</u>	9. AGE (In years last birthday) <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
<u>NONE</u>	<u>NONE</u>	<u>ST. LOUIS MO</u>	<u>U.S.</u>	

13a. FATHER'S NAME <u>FREDERICK CARL EGGERT</u>	13b. MOTHER'S MAIDEN NAME <u>HELEN MARIAN ROSS</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. HELEN EGGERT</u>	ADDRESS <u>304 CORONA</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Damage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Prematurity</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>+7605</u>
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22. I hereby certify that I attended the deceased from Jan. 4, 1952, to Jan. 23, 1952, that I last saw the deceased alive on Jan. 23, 1952, and that death occurred at 6:54 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Maurice J. Keller M.D.</u>	(Degree or title)	23b. ADDRESS <u>3701 Grandel St.</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-25-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CONCORDIA</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>
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DATE REC'D BY LOCAL REGISTRAR <u>JAN 24 1952</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Beider Wieden F.H. Inc.</u>	ADDRESS <u>1936 St. Louis Ave</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

*not Embalmed*  
Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.