Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-010875
STATE FILE NUMBER
2 2289

FILED MAR 30 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY b. CITY OR TOWN: St Louis — Inside Limits: Yes [X] No [ ] c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): DePaul Hospital — Length of stay in 1b	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: St. Louis c. CITY OR TOWN: Creve Coeur 4400 — Inside Limits: Yes [X] No [ ] d. STREET ADDRESS (If outside, give location): 5 Middlebrook — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: William Middle: T. Last: Egbert			4. DATE OF DEATH Month Day Year: March 5, 1959	
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: 5-21-1913	9. AGE (In years last birthday): 45 — 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): Manufacturers Representative	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Niagara Falls, N.Y.	12. CITIZEN OF WHAT COUNTRY?: U.S.A.	
13a. FATHER'S NAME: Charles Egbert	13b. MOTHER'S MAIDEN NAME: Vivian unk	14. NAME OF HUSBAND OR WIFE: Marjorie Blumeyer Egbert		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W.#2	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Mrs. Marjorie Egbert Address: 5 Middlebrook Dr.		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Adenocarcinoma of both lungs and mediastinal and supraclavicular glands

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 163x

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2/2/59, to 3/5/59 and last saw ~~her~~ him alive on 3/4/59

Death occurred at 8:40 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert Potashnick (Degree or title): M.D. — 22b. ADDRESS: 3120 Washington Ave ~~634 North Grand Ave.~~ — 22c. DATE SIGNED: 3/5/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	23b. DATE: 3-5-1959	23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Crematory	23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.
24. FUNERAL DIRECTOR: C.R. Lupton and Sons	ADDRESS: 7233 Delmar Blvd.	25. DATE RECD. BY LOCAL REG.: MAR 5 '59	26. REGISTRAR'S SIGNATURE: Read Smith, M.D. MDB

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be noted. All diseases in Part I must be causally related.

JUL 29 1959

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.

not embalmed by licensed

Student .....
Signature of Student Embalmer

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.