RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS APR 12 1960

60-012551

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 3552

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 56 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Deaconess Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis 10
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1018 Art. Hill Pl.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): MR. JAMES RANDLE EGBERT (First / Middle / Last)

4. DATE OF DEATH: March 27 1960 (Month / Day / Year)

5. SEX: M

6. COLOR OR RACE: W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2/2/1881

9. AGE (last birthday): 79

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (Ret.) Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (City and state or country): Clinton, Ky.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: James Leroy Egbert

13b. MOTHER'S MAIDEN NAME: Fannie Nall Egbert

14. NAME OF HUSBAND OR WIFE: Josephene H. Egbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 493-24-7704

17. INFORMANT: Mrs. J. Egbert
Address: 1018 Art Hill Pl. (10)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial Infarction, Acute	At death
DUE TO (b)	Arteriosclerotic Heart Disease	10 years
DUE TO (c)	420.0	

Conditions, if any, which give rise to above cause (a), stating the underlying cause last.

O.K. Joseph M. Queen M.D.

3-30-60

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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 3/26/60, to 3/27/60 and last saw ~~her~~ him alive on 3/26/60

Death occurred at 2 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Alvin S. Wenneker, M.D.

22b. ADDRESS: 950 Francis Pl.

22c. DATE SIGNED: 3/28/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 3/29/1960

23c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park

23d. LOCATION (City, town, or county) (State): St. Louis Co., Missouri

24. FUNERAL DIRECTOR: Alexander & Sons
ADDRESS: 6175 Delmar Blvd.

25. DATE RECD. BY LOCAL REG.: MAR 29 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.
MJB

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

Dr. Lee Hawkins
950 Francis Pl. Clayton
Ph. PA7-3255

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.