

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013221

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

3789

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. Primary Registration District No. Registrar's No.

FILED APR 8 1963

1. PLACE OF DEATH
 a. COUNTY: St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
 Length of stay in lb OR TOWN: 2 weeks
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lutheran Hospital
 Inside Limits: Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE: Mo. b. COUNTY: St. Louis
 c. CITY OR TOWN: St. Louis
 Inside Limits: Yes No
 d. STREET ADDRESS (If outside, give location): 7808 Decatur Dr.
 Reside on Farm: Yes No

3. NAME OF DECEASED (Type or print) First Middle Last: HARRY C EGGERS
 4. DATE OF DEATH: April 1 1963

5. SEX: male
 6. COLOR OR RACE: white
 7. Married Never Married
 Widowed Divorced

8. DATE OF BIRTH: 10/21/1891
 9. AGE (last birthday): 71
 IF UNDER 1 YEAR: Months Days Hours Min.
 IF UNDER 24 HR: Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): self-employed
 10b. KIND OF BUSINESS OR INDUSTRY: drug store
 11. BIRTHPLACE (City and state or country): St. Louis, Mo.
 12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Rudolph H Eggers
 13b. MOTHER'S MAIDEN NAME: Julia Heinz
 14. NAME OF HUSBAND OR WIFE: Bertha

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
 16. SOCIAL SECURITY NO.: [redacted]
 17. INFORMANT: Bertha Eggers
 Address: 7808 Decatur Dr.

18. CAUSE OF DEATH (Enter only one cause)
 PART I. DEATH WAS CAUSED
 IMMEDIATE CAUSE (a) *Carcinoma left lung*
 (b) *(out ill)*
 (c) *1621*
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): *Invasion + spread through pulm. vein*
 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 *3/20/63* to *4/1/63* and last saw her/him alive on *4/1/63*
 Death occurred at *5:50 PM* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): *John L. Ziegenhein M.D.*
 22b. ADDRESS: *6347 Grand*
 22c. DATE SIGNED: *4/2/63*

23a. BURIAL CREMATION, REMOVAL (Specify): *removal*
 23b. DATE: *4/4/1963*
 23c. NAME OF CEMETERY OR CREMATORY: *Sunset Burial Park*
 23d. LOCATION (City, town, or county) (State): *St. Louis County, Mo.*

24. FUNERAL DIRECTOR: *John L Ziegenhein & Sons* ADDRESS: *7027 Gravois*
 25. DATE RECD. BY LOCAL REG.: *APR 3 1963*
 26. REGISTRAR'S SIGNATURE: *Loan Smith, M.D.*

VS 300 Rev. 4/59
 1
 2 *20/19*
 3
 4 *0*
 5 *1*
 6
 7 *0*
 8 *1*
 9
 10
 11
 12 *65.0*
 13

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

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 _____
Signature of Student Embalmer

Signed Donald Benz

Licensed Embalmer No. 4863

P. O. Address St. Louis, Mo.

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.