MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8153

791

1003

File No. 1811

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. City Hospital St. Ward)

Registration District No.

Primary Registration District No.

16550

2. FULL NAME William Eggers

(a) Residence. No. 2715 A 7 St., 23 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henrietta Eggers

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 19 1844

7. AGE: Years 84 | Months 11 | Days 18 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

237

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

10

PARENTS

10. NAME OF FATHER: Henry Eggers

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11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Don't Know

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13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: ~~Hospital Information~~ C. Roman
(Address) City Hospital

15. FILED FEB 7 1929 19 Max C Starkeff Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1929, to Feb 6, 1929, that I last saw him alive on Feb 6, 1929, and that death occurred, on the date stated above, at 4:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Incarcerated right inguinal hernia (operation)

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): General arteriosclerosis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 122 H

DID AN OPERATION PRECEDE DEATH? DATE OF 99

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

2/6 (Signed) Henry C. Westerman M. D.
2/6, 1929 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Mathews Cem

DATE OF BURIAL: 2-8 1929

20. UNDERTAKER: Weick Bros 2201

ADDRESS: 20 Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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