

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

Do not use this space.

28525

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis, Mo.** (No. **Josephine Hospital**) St. _____ Ward _____

File No. _____
 Registered No. **8430**
 St. _____ Ward _____

2. FULL NAME **Jean Louise Eggers**

(a) Residence. No. **726 Erskine Avenue** St. **17** Ward. **St. Louis 20. Mo**
 (Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **Married**
(If divorced, write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Walter J. Eggers**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **December 13, 1908**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	21	8	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **Housewife**
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) **St. Louis, Missouri**
 (STATE OR COUNTRY)

10. NAME OF FATHER **Carl W. Hyatt**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Missouri**
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Nellie King**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Missouri.**
 (STATE OR COUNTRY)

14. INFORMANT **Walter J. Eggers**
 (Address) **726 Erskine Avenue**

15. **AUG 25 1930**
 FILED..... 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **August 23rd, 1930.**

17. I HEREBY CERTIFY, That I attended deceased from **Aug 21, 1930, to Aug 22, 1930**
 that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at **11:00 P.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Puerperal Eclampsia

140 (duration)..... yrs..... mos..... ds.

CONTRIBUTORY (SECONDARY) **Hepatitis acuta**
 (duration)..... yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF **Aug 22-30**

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS **clinical.**
 (Signed) **W. H. H. Schubert, M. D.**

8-25-30 (Address) **11703 Grand**
 *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 **New St. Marcus** DATE OF BURIAL **Aug. 26 30.**
 19

20. UNDERTAKER **Wacker-Helderk** ADDRESS **2331 S. Brdwy.**

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

