

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

Do not use this space.

27411

1. PLACE OF DEATH

County..... Registration District No. 7071
Township..... Primary Registration District No. 10015
City St. Louis Mo (No. 571 So. Kingshighway)
St. Louis Children's Hospital

File No.
Registered No. 7212 St. Ward)

2. FULL NAME

(a) Residence, No. Sparta Ill St. 12 Ward. RR#1
(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 (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 9 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sparta Illinois

13. NAME Martin Eggemeyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Anna Degeard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Herewith

18. BURIAL, CREMATION, OR REMOVAL PLACE Sparta Ill DATE 8-16-1932

19. UNDERTAKER Edwin Hudco

20. FILED 116-1-1932 Ray C Stanley Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, 19... to Aug 3, 1932, 19... I last saw him alive on Aug 3, 1932. Death is said to have occurred on the date stated above, at 3:30 am.

The principal cause of death and related causes of importance were as follows:

Obstructive jaundice (probably due to tumor involving common bile duct)
Type of tumor unknown

Date of onset

1-11-32
(8 mo)

Other contributory causes of importance:

Enlargement of liver
125 G

Name of operation..... Date of.....

What test confirmed diagnosis? underberg Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify..... (signed) R. Taylor M. D.

(Address) 500 So Kingshighway

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

