

MAY 15 1936

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

Do not use this space.

14010

1. PLACE OF DEATH

County St. LouisRegistration District No. 670

Township

Primary Registration District No. 670City Ballwin (No. _____)

St. _____ Ward _____

2. FULL NAME

Anna M. Eggleston Eggleston

(a) Residence, No. _____ St. _____ Ward _____

(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)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OR (OR) WIFE OF

L. W. Eggleston

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

Jan 27 - 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

70300

OCCUPATION

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

housewife

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)

Leavenworth Mo -

MOTHER FATHER

13. NAME

Christopher Corlette

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

State of Mass

15. MAIDEN NAME

Essie Hunt

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

17. INFORMANT

(ADDRESS)

Mauritta Eggleston
Ballwin Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak HillDATE April 29, 1936

19. UNDERTAKER

(ADDRESS)

Culvers
Culvers

20. FILED

April 29, 1936Nena L. Culver

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

April 27 - 1936

22. I HEREBY CERTIFY, That I attended deceased from

June 161935, toApril 26 - 1936I last saw him alive on Apr. 26, 1936. Death is saidto have occurred on the date stated above, at 8:00 a. m.

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

influenza

Date of onset

Other contributory causes of importance:

Effusion in left lung
& EmphysemaName of operation none Date of _____

What test confirmed diagnosis _____ Was there an autopsy? _____

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? Yes

If so, specify _____

(Signed) W. A. Gresh(Address) Wallace Bank Bldg. Ballwin M. D.Geo.

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.

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

