

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

Do not use this space.

DEC 3 1936

42521

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No. 3811A Shenandoah Ave.

File No.....

Registered No. 11021

St. Ward)

2. FULL NAME

Carrie E. Egli

(a) Residence, No. 3811A Shenandoah St., 17 Ward.

(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 OF (OR) WIFE OF Fred A. Egli

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
63 10 6

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. Housewife
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) Maine

13. NAME Ralph Mellor

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

15. MAIDEN NAME Mary Gledhill

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

17. INFORMANT Fred A. Egli (ADDRESS) 3811A Shenandoah Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE NEW ST. PETER'S CHURCH 11-5 1936

19. UNDERTAKER Kriegshauser Mortuaries (ADDRESS) 4228 So. Kingshighway

20. FILED NOV 4 1936 J. K. Redeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-3 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1936, to Nov 3 1936

I last saw her alive on Nov 2 1936 Death is said to have occurred on the date stated above, at 6:10 A.M.

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

chronic myocarditis Date of onset unknown

Other contributory causes of importance: acute Bronchitis 10-15-36
arterio-sclerosis unknown

Name of operation none Date of.....
What test confirmed diagnosis? Course 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? No
If so, specify.....
(Signed) W. A. Schaefer, M. D.
(Address) 3318 S. 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.

WRITE PLAINLY; WITH WRITING INSTRUMENTS IS A PERMANENT RECORD

