MAY 7 1937

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

Do not use this space.

15001

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ST. LOUIS (No. MISSOURI BAPTIST HOSPITAL St. ..... Ward)

File No. .....

Registered No. 4497

2. FULL NAME LILLIE BELL EGGER

(a) Residence, No. ..... St., n R Ward. CENTRALIA ILLS.
(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): WIDOW

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 20, 1874

7. AGE: Years 62 | Months 5 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) CENTRALIA ILLS.

FATHER

13. NAME UNKNOWN

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

MOTHER

15. MAIDEN NAME ALICE LOCKWOOD

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McLEANSBORO ILLS

17. INFORMANT EDWARD R. EGGER
(ADDRESS) CHICAGO ILLS.

18. BURIAL, CREMATION, OR REMOVAL
PLACE CENTRALIA, ILLS DATE MAY 2, 1937

19. UNDERTAKER PEETZ BROS.
(ADDRESS) 3029 LAFAYETTE AVE.

20. FILED APR 30 1937, 19 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1936, to April 30, 1937

I last saw h. alive on April 29, 1937. Death is said to have occurred on the date stated above, at 1.35 a.m.

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

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Arteriosclerosis - general

Name of operation none Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) Joseph E. Carney, M. D.

(Address) 525 Frisco Bldg.

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.