

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

30771  
 Do not use this space.

REC'D OCT 12 1938

**1. PLACE OF DEATH**

(a) County.....  
 (b) Township.....  
 (c) City St. Louis (d) Street No. 3726a Wyoming St. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Ernst G. F. W. Eggert

(a) Residence, No. 3726a Wyoming St. St. 16 (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Antonia

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 21st, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 2 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Optometrist  
 9. Industry or business in which work was done, as 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) Germany

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Antonia Eggert  
3726a Wyoming St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Sept. 19th 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wacker-Helderle  
2331 S; Broadway

20. FILED SEP 18 1938 J. D. Beckler Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept; 16th. 1938

22. I HEREBY CERTIFY, That I attended deceased from April 10 1938 to Sept 16 1938  
 I last saw him alive on Sept 14 1938 Death is said to have occurred on the date stated above, at 11 A.M.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of spine extending from 7th thoracic vertebra to 1st lumbar vertebra  
no metastases

Date of onset

Other contributory causes of importance: 53D

Name of operation..... Date of.....  
 What test confirmed diagnosis? X-ray Was there an autopsy? no

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) Walter Helderle, M. D.  
 (Address) St. Louis

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*Frank J. Dyland*

....., or by .....

Registered Apprentice No. .... working under my personal supervision.

Signed .....

*Frank J. Dyland*

Licensed Embalmer No. *2645*

P. O. Address *St. Louis Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**