S. No. 2
I—1-4-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUL 20 1942

Registration District No. 791

Primary Registration District No. 1003

State File No. 19535

Registrar's No. 5882

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospt. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Wks (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9/9
(If outside city or town limits, write "RURAL")

(d) Street No. 4246 Westminister
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country O

3. (a) PRINT FULL NAME Thomas W. Egbert

3. (b) If veteran, name war no

3. (c) Social Security No. 407-16-6056

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Yvonne Egbert

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased June (Month) 11 (Day) 1913 (Year)

8. AGE:

Years	Months	Days	If less than one day
29	1	0	hr. min.

9. Birthplace Kennett, (City, town, or county) O Missouri (State or foreign country)

10. Usual occupation Frieght Handeler Exp.

11. Industry or business Thomas Egbert

FATHER
12. Name Thomas Egbert
13. Birthplace Clinton, (City, town, or county) Kentuckey (State or foreign country)

MOTHER
14. Maiden name Clara Brown
15. Birthplace Clinton, Kentuckey (City, town, or county) (State or foreign country)

16. (a) Informant Yvonne Egbert

(b) Address 4246 Westminister

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 7/13/42 (Month) (Day) (Year)

(c) Place: burial or cremation Clinton, Kentuckey

18. (a) Signature of funeral director Albert Hoppe Inc.

(b) Address 4700 Washington Ave.

19. (a) JUL 11 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1942 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 20, 1942 to July 11, 1942 that I last saw him alive on July 10, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Atelectasis of left lung	4 days
Due to: Gastrectomy	2 wks
Due to: Gastric Ulcer	years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Gastric Ulcer	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury O

23. Signature W. P. Glennon (~~M.D. or other~~) M.D.

Address Univ. Club Bldg Date signed 7/11/42

844 (Licensed Embalmer's Statement on Reverse Side)

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, or by ..... , Registered Apprentice No. ..... , working under my personal supervision.

Signed Wilford G Burnley

Licensed Embalmer No. 4202

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, fact should be so stated above.