. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25814

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7127

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17
(c) City or town St. Louis 0 155
(If outside city or town limits, write "RURAL")
(d) Street No. 4231 Iowa Avenue
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Phillip A. Egly

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 9th, (Day) 1873 (Year)

8. AGE: Years 68 Months 9 Days 16 If less than one day hr. 5 min.

9. Birthplace (City, town, or county) Switzerland (State or foreign country)

10. Usual occupation Retired Inspector

11. Industry or business Amerson Electric Co.

MOTHER FATHER

12. Name Unknown

13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

14. Maiden name Unknown

15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Gus H. Eichenlaub,
(b) Address 4231 Iowa Ave., St. Louis, Mo.

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof Aug. 27, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Witt Bros. L. & M. Co
(b) Address 2929 So. Jefferson, St. Louis, Mo.

19. (a) AUG 25 1942 (Date received local registrar) (b) J. F. Mueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25, year 1942 hour 1:25 minute A. M.

21. I hereby certify that I attended the deceased from August 10, 1942, to August 25, 1942; that I last saw him alive on August 25, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death: (a) Prostatic Hypertrophy with obstruction (b) Pyelonephritis

Due to: Due to: Non Diabetic

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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?
While at work? (Specify type of place) (e) Means of injury 0

23. Signature [illegible] (M. D. or other)
Address 1515 Lafayette Avenue Date signed 8/25/42

(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 Paul A. Franklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Franklin

Licensed Embalmer No. 3472

P. O. Address 2929 So. Jefferson

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.