

FILED AUG 21 1942

Registration District No. 757

Primary Registration District No. 3026

Registrar's No. 3520

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

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles, Mo.
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

A. L. Eggus

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MO

5. Color or race W

6. (a) Single, widowed, married, divorced S.O.

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if _____

7. Birth date of deceased Aug - 27 - 1905
(Month) (Day) (Year)

8. AGE:

Years 36 Months 11 Days 11

If less than one day: _____ hr. _____ min.

9. Birthplace

Shelville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

laborer

11. Industry or business

MOTHER FATHER

12. Name Jonas H. Eggus

13. Birthplace Shelville Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna Chandler

15. Birthplace Shelville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant

Fred Eggus

(b) Address

Shelville Mo.

17. (a) _____

(Burial, cremation, or removal)

(b) Date thereof

7-10-1942
(Month) (Day) (Year)

(c) Place: burial or cremation

Shelville cemetery

18. (a) Signature of funeral director

E. J. Jones

(b) Address

Shelville Mo.

19. (a) _____

(Date received local registrar)

(b)

Clarence G. Glicker
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th
year 1942 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 3
1942 to July 8 1942
that I last saw him alive on July 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Industrial obstruction Duration 8
Due to Cholera 8

Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

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 _____
23. Signature B. L. N. N. N. (M. D. or other) Dr. N. N. N.
Address St. Charles, Mo. Date signed 7/14/42

OCT 16 1942

SEP 10 1942

Handwritten notes:
10-1-42
L. J. Jones

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

L. J. Jones

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

L. J. Jones

Licensed Embalmer No. _____

2379

P. O. Address _____

Shelville 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28064
Registrar's No. 252

Registration District No. 757

Primary Registration District No. 3036

1. PLACE OF DEATH: St Charles
(a) County
(b) City or town
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(Street No. (If rural, give location))
(d) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME A. L. Eggen
(b) If veteran, name war (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July year 1962 hour 11 minute 00 M.
21. I hereby certify that I attended the deceased from 1962 to 1962, 19... that I last saw him live on and that death occurred on the date and hour stated above.
Immediate cause of death

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced S
7. Birth date of deceased Aug 27 1926
(Month) (Day) (Year)

8. AGE: Years 36 Months 11 Days 17 min. 45
(If less than one day)

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

10. Usual occupation
11. Industry or business

MOTHER FATHER { 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name (City, town, or county) (State or foreign country)
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

Due to
Due to
Other conditions (include pregnancy within 3 months of death)
Major findings:
Of operations
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
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

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

OCT 16 1942