S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16120

State File No. 5006

Registration District No. FILED JUN 9 1943 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
BARNES HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 60 YR
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS 96 NR

(c) City or town WEST ALTON Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. WEST ALTON Mo R.1 Box 5
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Annie Willie Gegg

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband ~~or wife~~ JOHN GEGG

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased JAN. (Month) 9 (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	4	18	hr. min.

9. Birthplace WEST ALTON (City, town, or county) MO (State or foreign country) 0

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name MATHEWS HAWKINS
13. Birthplace ILL. (City, town, or county) (State or foreign country) /

MOTHER
14. Maiden name ELLAN MORRIS
15. Birthplace MO. (City, town, or county) (State or foreign country) 0

16. (a) Informant John Gegg
(b) Address West Alton Ill.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 31-1943 (Month) (Day) (Year)
(c) Place: burial or cremation FRIEDENS CEM.

18. (a) Signature of funeral director Friedrich F. Home
(b) Address 8319 Halls Ferry Rd.

19. (a) MAY 31 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1943 hour 1 minute 50 A M.

21. I hereby certify that I attended the deceased from May 24, 1943, to May 27, 1943
that I last saw her alive on May 27, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation

Due to Degenerative heart disease arteriosclerotic

Due to

Other conditions Bronchiectasis, peripheral arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Cardiac enlargement, slight; arteriosclerotic aorta; ascites; C.P.C. of liver; bronchiectasis, anasarca

Duration 1½-2 mo.

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. C. Abney (M. D. or other)

Address BARNES HOSPITAL Date signed 5/27/43

(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.....

Licensed Embalmer No. 3575

P. O. Address.....

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.