V. S. No. 2
50M—5-42
Rev. 5-17-39
P I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22958

State File No.

FILED JUL 17 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 6239

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. Anthonys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 4611 Loughborough Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Fred Egenriether

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bessie Egenriether

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Oct (Month) 11 (Day) 1885 (Year)

8. AGE: Years 57 Months 8 Days 26 If less than one day hr. min.

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

10. Usual occupation Chief of Detectives

11. Industry or business

FATHER
12. Name Christ Egenriether
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Lena Homuth
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Bessie Egenriether
(b) Address 4611 Loughborough Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-43 (Month) (Day) (Year)
(c) Place: burial or cremation Sun Set Burial Park

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) JUL 8 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1943 hour 4 minute 25 P.M.

21. I hereby certify that I attended the deceased from 6-29-43, 19 to July 7, 1943 that I last saw him alive on July 7, 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Extensive Hemorrhage of Brain (spontaneous)	6-29-43
Due to:	
Due to:	
Other conditions: Moderate Hypertension (Include pregnancy within 3 months of death)	4 yrs

Major findings:
Of operations
Of autopsy as above

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 [illegible] M.D. (M. D. or other)

Address 5417 So Grand Blvd Date signed 7-9-43

(Licensed Embalmer's Statement on Reverse Side)

Drawer 60,55
5417 S. Grand
11-1

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 Albert R. Thompson Jr

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.