

FILED DEC 13 1943 818

1003

State File No. _____
Registrar's No. 10583

Registration District No. _____ Primary Registration District No. _____

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:
2916 N. Union Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

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. 2916 N. Union Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Roy W. Eggeston
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 1
year 1943 hour 12 minute 30 A.M.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife May Eggeston 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Apr. 11 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 18 1943 to Dec. 1 1943;
that I last saw him alive on Nov. 30 1943;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
59 7 20 hr. _____ min.

Immediate cause of death Cardiectasia Duration 2 days
Due to Chronic Myocarditis 5 years

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

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Public Service Employee
11. Industry or business Retired

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name Frank M. Eggleston
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Sawatelle
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant May Eggeston
(b) Address 2916 N. Union

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? _____

17. (a) Burial (b) Date thereof 12-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

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

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) DEC 2 1943 J. F. Brudeck
(Date received local registrar's certificate) (Registrar's signature)

23. Signature Frank H. Young (M. D. or _____)
Address 2249 St. Louis ave Date signed 12/2 43

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

2249
8-9-41-2
Kearney Ave

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 Warren A. Carver
Licensed Embalmer No. 3534
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.