

FILED JUL 8 1944

State File No. _____

Registration District No. 277

Primary Registration District No. 3069

Registrar's No. 1438

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5374 Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clarence S. Egelhoff

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leah Egelhoff nee Wood 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March 28, 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 00 Days 05
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business William Egelhoff

12. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

13. Maiden name Eliza J. Hubbard

14. Birthplace Carrollton Ills.
(City, town, or county) (State or foreign country)

15. Name of spouse Mrs Leah Egelhoff
Address 5374 Delmar Blvd.

16. (a) Cremation (b) Date thereof 7/4/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) JUL 5 - 1944 (b) C. G. McGowan, M.D.
(Time received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2, year 1944 hour 4:00 PM, minute _____ M.

21. I hereby certify that I attended the deceased from 6/17/44 to 7/1/44, 19____; that I last saw him alive on 7/1/44, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Peritonitis Duration 14 days

Due to Perforated gastric ulcer

Due to _____

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

Major findings: Of operations As above

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? _____

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

23. Signature J. D. D. D. (M. D. or other) _____
Address 634 W. Grand Date signed 7/3/44

WRITE PLAINLY—USE INK—FILL IN SPACES

JUL 18 1944

AUG 28 1944

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 *Gustav W. Dietrich*

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, 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.

MAY 2 1945

Registration District No. 317

Primary Registration District No. 2069

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Clarence S. Egelhoff

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased March (Month) 2 (Day) 1944 (Year)

8. AGE: Years _____ Months _____ Days _____ (Unless than one day) min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-4-44 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 E. Fair

19. (a) 7-7-44 (Date received local registrar) (b) E. G. McSavan, M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5347 Delmer (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1944 Day _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Peritonitis 14da.
Perforated gangrenous appendicitis

Due to _____

Due to _____

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

Major findings: as above
Of operations _____

Of autopsy _____

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 F. J. Dean Sauer, M.D. (M. D. or other)

Address 634 N. Grand Date signed _____

SUPPLEMENTARY

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

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
City of St. Louis County of St. Louis ss.

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 9 day of August, 1944, before me appears Leah Egelhoff, who, upon her oath, states that the original record of ~~birth~~ death for Clarence S. Egelhoff died 7-2-44, 19 , in the State of Missouri, and which was filed at Clayton, Mo. on 7-4-44, 19 , should be corrected as follows:

Item No. 7 should read 3-28-1882
Instead of 3-28-1878

Item No. 8 should read 62-yrs 3 month 5 days
Instead of 66yrs. 3mo. 5 da.

Item No. should read

The above is true to the best of my knowledge, information and belief.
(SEAL) Affiant Leah Egelhoff wife
Relationship. wife

1216 1/2 East Fair Ave.
Present Address.

Subscribed and sworn to before me this 9 day of August, 1944.

My Commission expires March 15, 1946 J. D. Keller Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.