V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 28 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19510

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 705

1. PLACE OF DEATH:
(a) County Buchanan.
(b) City or town St. Joseph.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 Days. (Specify whether years, months or days)
In this community 59. Years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Buchanan.
(c) City or town St. Joseph.
(If outside city or town limits, write "RURAL")
(d) Street No. 5820 King Hill Avenue.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Catherine Eggleston.
3. (b) If veteran, name war No
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 Louis H. Eggleston.
6. (c) Age of husband or wife if alive 77. years
7. Birth date of deceased July. (Month) 13 (Day) 1876 (Year)

8. AGE: Years 69 Months II Days 5 If less than one day hr. min.

9. Birthplace Craig, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business Home.
12. FATHER Name George Burg.
13. FATHER Birthplace Unknown. (City, town, or county) Unknown. (State or foreign country)
14. MOTHER Maiden name Unknown.
15. MOTHER Birthplace Unknown. (City, town, or county) Unknown. (State or foreign country)
16. (a) Informant Louis H. Eggleston.
(b) Address 5820 King Hill Avenue.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director Herman W. Schulte
(b) Address 1802 Union St. St. Joseph
19. (a) June 20, 1946 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18. year 1946. hour 10. minute a. M.

21. I hereby certify that I attended the deceased from May 21, 1946 to June 18, 1946; that I last saw him alive on June 18, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	3 days
Due to: Fracture rt. femur	5/31/46
Due to:	
Other conditions (Include pregnancy within 3 months of death): Mitral stenosis	—

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) accident
(b) Date of occurrence 5/31/46
(c) Where did injury occur? St. Joseph (City or town) Buchanan (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home - slipped - fell on floor (Specify type of place)
While at work? no (e) Means of injury fall

23. Signature [illegible] (M. D. or other)
Address 620 Francis St. Joseph, Mo. Date signed 6/19/46

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(Licensed Embalmer's Statement on Reverse Side)

Hartigan

JUL 8 1946

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. Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.