7. S. No. 2
00M—5-43
ev. 5-17-39
No I X36671

#28849

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 22 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25194

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5996

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital—Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town City of St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3160 Morganford (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EDA EGGLESTON

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Claude Eggleston

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years about 72 yrs Months Days If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER, FATHER

12. Name Henry Scheve

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

14. Maiden name Unknown

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

16. (a) Informant Claude Eggleston

(b) Address 3160 Morganford

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Howard F. Rowland

(b) Address 4355 Washington

19. (a) JUL 8 1946 (Date received by local registrar) (b) J. F. Breden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th year 1946 hour 2:45 minute P M.

21. I hereby certify that I attended the deceased from 6/10/46 to July 6th 1946 that I last saw her alive on July 6th 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral vascular accident

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Duration

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)

(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

Signature 1515 Lafayette (M. D. or other)

Address Date signed 7/9/46

(Licensed Embalmer's Statement on Reverse Side)

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

24045

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 Rex E. Campbell

Licensed Embalmer No. 3881

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.