

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27666
Registrar's No. 7703

FILED SEP 13 1948 318
Registration District No.

Primary Registration District No. 1003

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: 3449 HARTFORD ST. 1
(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)

3: (a) PRINT FULL NAME Bertha M. Egnor
(b) If veteran, name war NONE
3. (c) Social Security No. 491-14-8960B

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife Gustav H. Egnor
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Feb. 4, 1864
(Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 26
If less than one day hr. min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation Invalid

11. Industry or business.....

MOTHER FATHER { 12. Name HENRY Noll
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name WILHELMENIA
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Edna A. Egnor
(b) Address 3449 HARTFORD ST.

17. (a) BURIAL (b) Date thereof Sept. 2, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. Paul Churchyard

18. (a) Signature of funeral director Will B. Co.
(b) Address 8929 S. Jefferson Ave.

19. (a) SEP 1 1948 (b) J. F. Bredebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 600
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3449 HARTFORD ST. 9
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30
year 1948 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from May, 1947 to Aug 30, 1948
that I last saw her alive on Aug 30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Cardis-vascular Disease
Duration

Due to.....

Due to.....
Other conditions (Include pregnancy within 3 months of death) 950

Major findings: Of operations.....

Of autopsy.....
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)
(c) Means of injury.....
23. Signature John W. Danks (M. D. or other) M.D.
Address 3818 S. Grand Date signed 9-31-48

(Licensed Embalmer's Statement on Reverse Side)

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

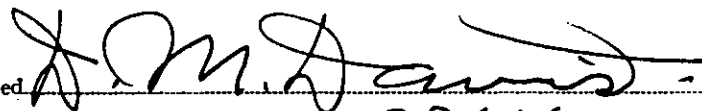
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STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No.

8241

P. O. Address

2929th Jefferson

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.