

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38195**
Registrar's No. **10614**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____	
b. CITY OR TOWN ST. LOUIS, MISSOURI	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1.		e. STREET ADDRESS (If rural, give location) 26 1417 MONROE ST.	

3. NAME OF DECEASED (Type or Print) a. (First) LESLIE b. (Middle) GEORGE c. (Last) EGGERS			4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 2, 1955		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH JAN 26, 1899	9. AGE (to years last birthday) 56	Months 10	Days 6	IF UNDER 1 YEAR Hours _____	IF UNDER 24 HRS. Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARTENDER		10b. KIND OF BUSINESS OR INDUSTRY TAVERN		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME GEORGE EGGERS	13b. MOTHER'S MAIDEN NAME ELIZABETH	14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ROSETTA EGGERS		ADDRESS 1417 MONROE	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) COR Pulmonale			INTERNAL BETWEEN ONSET AND DEATH 5 yrs	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Pulmonary fibrosis			10 yrs	
	DUE TO (b) _____				
	DUE TO (c) _____				
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 434.3		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____	(COUNTY) _____	(STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____		
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22. I hereby certify that I attended the deceased from **11-30**, 19**55**, to **12-2**, 19**55**, that I last saw the deceased alive on **12-2**, 19**55**, and that death occurred at **1:11 P.** m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Hulley	(Degree or title) _____	23b. ADDRESS 1515 LAFAYETTE AVE.	23c. DATE SIGNED 12-2-55.
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC. 5, 1955	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	24d. LOCATION (City, town, or county) ST. LOUIS, Mo.	(State) _____
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DATE REC'D BY LOCAL REG. DEC 5 1955	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ST. LOUIS FUNERAL HOME	ADDRESS 7705 ST. LOUIS
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(Licensed Embalmer's Statement on Reverse Side)

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

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~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edmond H. Remelieu*

Licensed Embalmer No. *428*

P. O. Address *St. Louis*

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.