

REC'D JAN 13 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44779
Do not use this space.

1. PLACE OF DEATH

(a) County Warren Registration District No. 884
(b) Township Charrette Primary Registration District No. 6176
(c) City CHARETTE (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

260 Rev. Fredrick Egger
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ELISE HALDEMAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 1 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. MINISTER
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWITZERLAND

FATHER 13. NAME John Egger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER 15. MAIDEN NAME Dambach
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Rev. Oscar Egger Ferguson, Mo

18. BURIAL, CREMATION, OR NECEAL PLACE Holstein, Mo DATE Dec 31, 1938

19. FUNERAL DIRECTOR (ADDRESS) F. W. Nieburg & Son Warrenton, Mo.

20. FILED Dec 30, 1938 H. E. Johnson Local Registrar. 500

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1938, to Dec 28, 1938

I last saw him alive on Dec 28, 1938 Death is said

to have occurred on the date stated above, at 11:55 P.M.

The principal cause of death and related causes of importance were as follows:

Sarcoma of the mechastomum involving sternum
Date of onset 1927

Other contributory causes of importance:

Nephritis 47
Name of operation X-ray therapy Date of Dec 1st
What test confirmed diagnosis? Plumbe Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____ (Signed) H. E. Johnson, M. D.
(Address) Warrenton, Mo.

STATEMENT BY LICENSED EMBALMER

I, John F. Nieburg, Licensed Embalmer No. 3897
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self
.....L. E.
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed John F. Nieburg
Licensed Embalmer No. 3897

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.)