

FILED JAN 10 1952

STANDARD CERTIFICATE OF DEATH

State File No. 11398  
Registrar's No. 11398

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 Wisconsin b. COUNTY Manitowoc	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Two Rivers	
c. LENGTH OF STAY (In this place)		8 480	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		d. STREET ADDRESS (If rural, give location) 27th Street	

3. NAME OF DECEASED (Type or Print) DR. Gustavus C. Eggers	a. (First)	b. (Middle) C.	c. (Last) Eggers	4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH June 4, 1865	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Days 6	IF UNDER 12 HRS. Hours 16
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Medical Doctor	11. BIRTHPLACE (State or foreign country) Two Rivers, Wis.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Gustavus Eggers	13b. MOTHER'S MAIDEN NAME Marie Buhse	14. NAME OF HUSBAND OR WIFE Florence Eggers
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. Florence Eggers, Two Rivers, Wis
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day  1 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) with cardiac failure		
II. 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	20. AUTOPSY? YES <input checked="" 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? H 200
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22. I hereby certify that I attended the deceased from 12-16, 1951, to 12-20, 1951, that I last saw the deceased alive on 12-20, 1951, and that death occurred at 5:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE A. K. Fushel MD	23b. ADDRESS 13604 Washington	23c. DATE SIGNED 12-21-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 12/22/51	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
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DATE RECD BY LOCAL REG. DEC 24 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Bopp, Inc., Kirkwood, Mo.
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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 .....  
Student Embalmer

Signed Felipe Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 2270

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.