

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37699**

FILED DEC 15 1952

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 1284
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117		
d. FULL NAME OF HOSPITAL OR INSTITUTION 921 Logan St.		d. STREET ADDRESS (If rural, give location) 921 Logan St.		
3. NAME OF DECEASED (Type or Print) a. (First) Joseph		b. (Middle) Aloysius		c. (Last) Eggert
4. DATE OF DEATH (Month) (Day) (Year) December 4, 1952				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH November 6, 1893	9. AGE (In years last birthday) 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. fireman		10b. KIND OF BUSINESS OR INDUSTRY fire dept.		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri C
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Louis Eggert		13b. MOTHER'S MAIDEN NAME Louise Queautter		14. NAME OF HUSBAND OR WIFE Emily
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unk.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Emily Eggert, 921 Logan, St. Joseph, Mo.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of liver DUE TO (c) Arteriosclerosis (bronchial)		INTERVAL BETWEEN ONSET AND DEATH 2 years not sure
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
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?
22. I hereby certify that I attended the deceased from Sept, 1952 to Dec 4, 1952 , that I last saw the deceased alive on Dec 4, 1952 , and that death occurred at 3:45a. m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Collis Roundy, M.D.		23b. ADDRESS 230 Turkington		23c. DATE SIGNED Dec 5-52
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12/6/1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph Missouri
DATE REC'D BY LOCAL REG. Dec. 11, 1952		REGISTRAR'S SIGNATURE Carl C. Casper		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton-Bacon Funeral Home St. Joseph, Mo.

(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
Student Embalmer

Signed *William Spalding*

Licensed Embalmer No. *4535*

P. O. Address *3195 10th St. Wash DC*

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.