

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30793

State File No. _____

XC-209 77 99

Reg. No. 10951 SL-2064

Registrar's No. **8146**

BIRTH FILED SEP 29 1955

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI		b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. Grand St. Louis, Mo.		c. CITY OR TOWN HILLSBORO		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place) 3 Days		e. STREET ADDRESS (If rural, give location) ROUTE 2,			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.					
3. NAME OF DECEASED (Type or Print) a. (First) WALTER		b. (Middle) H.		c. (Last) EGGERS	
4. DATE OF DEATH (Month) (Day) (Year) 9-12-55		5. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 2-25-1895	
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 5 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Dittner, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Eggers		13b. MOTHER'S MAIDEN NAME Henrietta Rose	
14. NAME OF HUSBAND OR WIFE Alma Eggers		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY # 486-20-7493	
17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records St. Louis, Mo.		ADDRESS			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure		INTERVAL BETWEEN ONSET AND DEATH Unknown			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerotic Heart Disease Unknown			
		DUE TO (c) Old Myocardial Infarction with recent extension. Unknown			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Emphysema Unknown			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 9-9 , 19 55 , to 9-12 , 19 55 , and that death occurred at 6:20 p. m., from the causes and on the date stated above.					
23a. SIGNATURE Daniel Roth		(Degree or title) M.D.		23b. ADDRESS VAH, 915 N. Grand St. Louis, Mo.	
23c. DATE SIGNED 9-13-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/15/55	
24c. NAME OF CEMETERY OR CREMATORY Local Cemetery		24d. LOCATION (City, town, or county) (State) Cedar Hill Mo		25. FUNERAL DIRECTOR'S SIGNATURE Sumner Funeral Home	
DATE REC'D BY LOCAL REG. SEP 16 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		ADDRESS House Springs, Mo.	

S.P. (Licensed Embalmer's Statement on Reverse Side)

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 *Francis J. Myland Jr*

Licensed Embalmer No. 45

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.