No. 300
10-48

FILED JAN 3 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41958

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5590 Registrar's No. 86

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

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OERMAN MO
c. LENGTH OF STAY (in this place): 70 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: JEFF.
c. CITY OR TOWN: OERMAN MO.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☑
e. STREET ADDRESS (If rural, give location): Hwy 30 JEFF. Co.

3. NAME OF DECEASED (Type or Print)
a. (First): FRIEDA
b. (Middle): MARIA LIZZETA
c. (Last): EGGERS

4. DATE OF DEATH (Month) (Day) (Year): 12 22 56

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: AUG. 7-1883
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): OERMAN MO.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: AUG. KRAMME
13b. MOTHER'S MAIDEN NAME: MARIA DITTMER
14. NAME OF HUSBAND OR WIFE: ERNEST EGGERS (DEC.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: HERBERT EGGERS — ADDRESS: DITTMER 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a): Intracranial Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): _____
DUE TO (c): Vascular Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Cerebral Arteriosclerosis — Years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331x
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-22-, 1956, *to* 12-22-, 1956, *that I last saw the deceased alive on* 12-22, 1956, *and that death occurred at* 8P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. W. E. Kitchell - M.D.
23b. ADDRESS: St. Clair Mo
23c. DATE SIGNED: 12-23-

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12/24/56
24c. NAME OF CEMETERY OR CREMATORY: ST MARTINS CEM.
24d. LOCATION (City, town, or county) (State): DITTMER Mo

DATE REC'D BY LOCAL REG.: 12-24-56
REGISTRAR'S SIGNATURE: [signature] M.D. Oleta Beardsley Dep
25. FUNERAL DIRECTOR'S SIGNATURE: BRIMMER FUNERAL HOME — ADDRESS: HOUSE SPRINGS MO.

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED JAN 2 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John H. Brunner

Licensed Embalmer No. 147

P. O. Address Home Funer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.