

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36433**

FILED NOV 6 1957

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5374 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL MEAMECTUSHD</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 N. No. OF HOUSE SPRINGS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u> c. CITY OR TOWN <u>ATTON MO</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>7621 CLEVELDON</u> <u>4000</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>VIRGIL</u> b. (Middle) <u>A.</u> c. (Last) <u>EGGERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 13 57</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Oct 28 - 1924</u>
9. AGE (In years last birthday) <u>31</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postal Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>HERMAN EGGERS</u>		13b. MOTHER'S MAIDEN NAME <u>MARTNA HADENORT</u>	
14. NAME OF HUSBAND OR WIFE <u>GRACE EGGERS</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓ WWII + DOREA</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>GRACE EGGERS</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		17. ADDRESS <u>7621 Cleveland Atton Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Fractures</u>	
		INTERVAL BETWEEN ONSET AND DEATH _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19. DATE OF OPERATION _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>MEAMECTUS</u> (COUNTY) <u>JEFF.</u> (STATE) <u>MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10/13/57 1:00 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>single car auto accident.</u>		22. I hereby certify that I attended the deceased from <u>Inquest</u> , 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:00 A. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>James C. Crowe</u>		23b. ADDRESS <u>Auto Shop</u>	
23c. DATE SIGNED <u>10/13/57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Oct 16 - 57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAKEWOOD PARK CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John L. Ziegenboin & Sons</u>	
DATE REC'D BY LOCAL REG. <u>10/16/57</u>		REGISTRAR'S SIGNATURE <u>Robert G. Bauer</u>	
25. ADDRESS <u>7077 GRAYSON ST LOUIS MO.</u>		544	

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

NOV 6

1957

OCT 30 1957

DEC 4 1957

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 *Donald E. Bing*.....

Licensed Embalmer No. *4863*.....

P. O. Address *7027 Grand*.....

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.