

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013775

State File No. 6162

FILED MAY 13 1958

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 5430 Registrar's No. 6162

0360

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

| | | | |
|---|--|---|------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u> | |
| b. CITY OR TOWN <u>Rural Central</u> | | c. LENGTH OF STAY (in this place) <u>0</u> | c. CITY OR TOWN <u>Rural</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Union Mo</u> | | STREET ADDRESS (If rural, give location) <u>Rural Union Mo. R.R.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Eggenberger</u> c. (Last) <u>Eggenberger</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May-7-1958</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>6-24-1876</u> | 9. AGE (In years last birthday) <u>81</u> | 10. UNDER 12 HRS. Hours <u>10</u> Min. <u>30</u> |
| 10a. USUAL OCCUPATION (Give kind of work during part of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>City-Fireman</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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| 13a. FATHER'S NAME <u>Mr. Eggenberger</u> | 13b. MOTHER'S MAIDEN NAME <u>Kate Garvatt</u> | 14. NAME OF HUSBAND OR WIFE <u>Margaret S.</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Melburn Garvatt 4211 Norfolk Ave</u> |

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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Decompensation of Heart</u> | | <u>Years</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Chronic Mitral Valve Heart Disease</u> | | <u>Years</u> |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General Arteriosclerosis.</u> | | <u>Years</u> |

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| 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 3-20-53, 1953, to 5-7-58, 1958, that I last saw the deceased alive on 4-26-58, 1958, and that death occurred at 6:40 m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Dr. W. E. Tate, M.D.</u> | 23b. ADDRESS <u>St. Clair Mo</u> | 23c. DATE SIGNED <u>5-7-58</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>5-10-58</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem</u> |
| 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo</u> | | |

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| DATE REC'D BY LOCAL REG. <u>5/10/58</u> | REGISTRAR'S SIGNATURE <u>W. Lloyd Williams</u> | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Krueger 4238 E. Highway</u> |
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MAY 15 1956

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 *William B. White*.....

Licensed Embalmer No. *4291*

P. O. Address *2200 Kingsley*

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.