MAY 8 1929

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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 14341

Registered No. 48

1. PLACE OF DEATH

County: Franklin

Township: ~~Washington~~

City: Washington Mo (No. ..... St. ..... Ward)

Registration District No. 297

Primary Registration District No. 3076

2. FULL NAME Fred F Eggert

(a) Residence. No. Rosebud Mo St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married
White		

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Hesemann (Hesemann)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 3rd-1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	52	0	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Beaufort Franklin Co
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Frederich Eggert

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Lena Garbs

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Port Hudson Mo

14. INFORMANT Frank Eggert
(Address) 521 Stafford Street. Washington Mo

15. Filed April 21, 1929 O. L. Mennich Registrar

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) apr 21 1929

17. I HEREBY CERTIFY, That I attended deceased from apr 19, 1929, to apr 21, 1929, that I last saw him alive on apr 20, 1929, and that death occurred, on the date stated above, at 3 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis

INJ. 1 BOV. 1 MO. 1 7 a

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Ruptured appendix

(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Rosebud Mo

DID AN OPERATION PRECEDE DEATH? yes DATE OF 4/19/29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical findings

(Signed) H. Emmanuel M. D

4/21, 1929 (Address) Washington Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Evangelical Cemetery Owensville Gasconade Co Mo	4/24-1929

20. UNDERTAKER	ADDRESS
Otto & Co By Geo H Otto	Washington Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PHYSICIAN WHO SIGNS THIS IS A PERMANENT RECORD