

Registration District No. **272**

Primary Registration District No. **4176**

Registrar's No. **21**

1. PLACE OF DEATH:

(a) County **FRANKLIN**
(b) City or town **NEW HAVEN, MO.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20**
In this community **18 yrs.**
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **REGINA SOPHIE FRANCES EGGERT**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **HENRY FRANK EGGERT** 6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **April 8 - 1879**
(Month) (Day) (Year)

8. AGE: Years **61** Months **6** Days **23** If less than one day hr. min.

9. Birthplace **NEW HAVEN, MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business

12. Name **LOUIS BECKER**

13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

14. Maiden name **FORT HUDSON, MO.**

15. Birthplace **SOPHIE WEANER**
(City, town, or county) (State or foreign country)

16. (a) Informant **Henry Frank Eggert**
(b) Address **New Haven, Mo.**

17. (a) **BURIAL** (b) Date thereof **11-3-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington, Mo.**
18. (a) Signature of funeral director **City & Son**
(b) Address **New Haven, Mo.**
19. (a) **Nov 2 1940** (b) **Jeffrey Grammer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin**
(c) City or town **Lecky**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **October** day **31**
year **1940** hour **7:15** minute **A.** M.

21. I hereby certify that I attended the deceased from **Nov. 27,**
19**39**, to **Oct. 31,** 19**40**,

that I last saw her alive on **Oct. 31,** 19**40**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Sclerosis** Duration **5 Mo.**

Due to **Diabetes Mellitus** 20 yr

Due to

Other conditions. (Include pregnancy within 3 months of death) **JA**

PHYSICIAN

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
265 (Specify type of place) While at work? (e) Means of injury **3**

23. Signature **G. W. Held** (M. D. or other) **D.O.**
Address **New Haven, Mo.** Date signed **11/1/40**

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

Covered by Registrar's Statement

6

DEC 21 1931

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed

Earl Hestley

Licensed Embalmer No.

3385

P. O. Address

New Haven

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 this body is not embalmed, above space should be left blank.

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