

FILED JUN 22 1942

State File No.

Registration District No. 303

Primary Registration District No. 54284182

Registrar's No. 22

I. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Hermann
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Workman Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 5 weeks (Specify whether
In this community 5 weeks years, months or days)

3. (a) PRINT FULL NAME DAVID J. EGGENBERG

3. (b) If veteran, name war None 3. (c) Social Security No.

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. Oct. 20 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 21 If less than one day
hr. min.

9. Birthplace Washington Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business.

12. Name Bart Eggenberg
13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Anna Blumer
15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Christ Wolf

(b) Address Gasconade, Mo

17. (a) Burial (b) Date thereof 5 13 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beckmann Cemetery

18. (a) Signature of funeral director Hugo H. Blumer

(b) Address Hermann, Mo

19. (a) May 13, 42 (b) A. H. Lueder
(Date received at local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Gasconade
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1942 hour 19:30 minute M.

21. I hereby certify that I attended the deceased from Sept 1st, 1941, to May 10, 1942
that I last saw him alive on May 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Due to Apoplexy
Due to Apoplexy

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

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?

While at work? (Specify type of place) (c) Means of injury JD
23. Signature Edward Workman (M. D. or other)
Address Hermann, Mo Date signed 5-13-42

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.....
.....
working under my personal supervision.

Signed.....

Registered Apprentice No.....

Licensed Embalmer No. 3160

P. O. Address Hermann, Mo

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, fact should be so stated above.

STANDARD CERTIFICATE OF DEATH

State File No. 17923

Registration District No.

Primary Registration District No. 4182

Registrar's No.

1. PLACE OF DEATH:

(a) County. Gasconade
(b) City or town. Hermann
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Workman Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 wks
(Specify whether
In this community. 3 wks
years, months or days)

3. (a) PRINT
FULL NAME

David T. Eggenberg

3. (b) If veteran,

name war.

3. (c) Social Security

No.

4. Sex. m

5. Color or
race. w

6. (a) Single, widowed, married,
divorced. s

6. (b) Name of husband or wife.

6. (c) Age of husband or wife if
alive. years

7. Birth date of deceased. Oct - 20 - 1865

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

76

6

17

min.

9. Birthplace.

(City, town, or county)

(State or foreign country)

10. Usual occupation.

11. Industry or business.

MOTHER FATHER { 12. Name.

13. Birthplace.

(City, town, or county)

(State or foreign country)

14. Maiden name.

15. Birthplace.

(City, town, or county)

(State or foreign country)

16. (a) Informant.

(b) Address.

17. (a)

(Burial, cremation, or removal)

(b) Date thereof.

(Month) (Day) (Year)

(c) Place: burial or cremation.

18. (a) Signature of funeral director.

(b) Address.

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. mo (b) County. Gasconade
(c) City or town. Gasconade
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. May day. 10
year. 1942 hour. minute. M.

21. I hereby certify that I attended the deceased from
that I last saw him. day on., 19....
and that death occurred on the date and hour stated above.
Immediate cause of death.
Duration

Due to. hypostatic bilateral pneumonia apoplexy
Due to.
Other conditions.
(Include pregnancy within 3 months of death)

Major findings:

Of operations.

Of autopsy.

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?

While at work? (Specify type of place)
(c) Means of injury

23. Signature. Edward Workman (M. D. or other)
Address. Hermann Date signed 4/2

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

SUPPLEMENTARY

