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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

RECORDED SEP 4 1943

Registration District No. 119

Primary Registration District No. 4191

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town Gasconade
(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 _____ (Specify whether)

In this community 14 years
years, months or days

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 _____

3. (a) PRINT FULL NAME PATRICIA PEARL EGGENBERG

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 Wm. F. Eggenberg

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Aug 25 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>0</u>	<u>0</u>	_____ hr. _____ min.

9. Birthplace Greenville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Hwf

11. Industry or business _____

12. Name Samuel Moore

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

14. Maiden name Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Wm F. Eggenberg

(b) Address Gasconade, Mo

17. (a) Burial (b) Date thereof Aug. 27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Good Hope Cemetery

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

(b) Address Hermann, Mo

19. (a) Aug. 26, 1943 (b) A. H. Hedler
(Date registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25
year 1943 hour 9 minute 6 A.M.

21. I hereby certify that I attended the deceased from May 20, 1942 to August 25, 1943
that I last saw her alive on August 24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach, secondary to

Due to Carcinoma of uterus

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

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? _____

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

23. Signature A. H. Hedler, D.O.
Address Hermann, Mo. Date signed 8/26/43

Duration 4 mo.

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Hugo H. Blumberg

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.