

No. 3
4-2-43
5-17-39
1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42700
State File No.

Registration District No. 424 108 Primary Registration District No. 5579-59 Registrar's No. 170

1. PLACE OF DEATH:
(a) County JEFFERSON
(b) City or town RURAL
(c) Name of hospital or institution: Over 1 Hourly Rivers
(d) Length of stay: 65 Years
In this community 65 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County JEFFERSON
(c) City or town RURAL - OERMANN MO
(d) Street No. _____
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME ERNEST DIETRICH EGERS

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

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

6. (b) Name of husband or wife FRIEDA EGERS (KRAMME) 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased MAY 25 1877

8. AGE: Years 66 Months 6 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace DITTMER JEFF. Co. MO

10. Usual occupation FARMER

11. Industry or business OWN FARM

12. Name CHRISTOPHER EGERS 4

13. Birthplace GERMANY

14. Maiden name LISSETTA DITTMER

15. Birthplace GERMANY 4

16. (a) Informant Ernest Eggers

(b) Address Oermann MO

17. (a) BURIAL (b) Date thereof Dec. 26 1943

(c) Place: burial or cremation ST MARTINS CEM DITTMER MO

18. (a) Signature of funeral director _____ (b) Address House Springs MO

19. (a) Jan 2-44 (b) O. H. Eaton

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24 year 1943 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from June 19 1941 to Dec 24 1943 that I last saw him alive on Dec 24 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy (Cerebral)
Due to Hypertension
Mitral Stenosis

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? _____

(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 T. B. Edwards (M. D. or other) _____ Address Oedon Hill MO Date signed 12/27/43

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 *John H. Brimmer*.....

Licensed Embalmer No. *1470*.....

P. O. Address *House Springs Mo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes ground for revocation of license.)

If this body is not embalmed, fact should be so stated above.