

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FILED JUL 21 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24637

State File No.

Registration District No. 118

Primary Registration District No. 5439

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Rural Canaan Supp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Near Rosebud
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 28 years
years, months or days)

3. (a) PRINT FULL NAME Ida Mary 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 Widowed
6. (b) Name of husband or wife Fred Eggert 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased September 4 1882
(Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 23 If less than one day
- hr. - min.

9. Birthplace Stony Hill 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

12. Name Fred Wesemann
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Ida Stalte
15. Birthplace Stony Hill 0 Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant LOUIS EGGERT
(b) Address ROSEBUD, MO.

17. (a) BURIAL (b) Date thereof July 1 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quenaville Evangelical Ch.

18. (a) Signature of funeral director Midford H. H. Winter
(b) Address Quenaville, Mo.

19. (a) June 29 1944 (b) Myrtle M. Wenzel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Rural 37
(If outside city or town limits, write "RURAL")
(d) Street No. Near Rosebud 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country id

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1944 hour minute M.

21. I hereby certify that I attended the deceased from
June 27 1944 to June 27 1944
that I last saw her alive on June 27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 4 Hrs.

Due to Arteriosclerosis, Advanced 2 yrs.

Due to Chronic Myocarditis 2 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None 93d
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) Means of injury

23. Signature Paul A. Brunner (M. D. or other)
Address Quenaville, Mo. Date signed 6-28-44

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

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 7-20-44

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

Wilford Winter
Licensed Embalmer No. 3878

P. O. Address Quincyville 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.