

36959

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

258

Registration District No. 77

Primary Registration District No. 3016

## 1. PLACE OF DEATH:

(a) County COLE  
 (b) City or town 1105 JEFFERSON  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
JEFFERSON CITY, MO.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 70 YEARS  
 years, months or days)

3. (a) PRINT FULL NAME HERMAN EGGEMAN3. (b) If veteran, name war NO 3. (c) Social Security No. NO4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced 2 WIDOWED

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JUNE 14, 1862  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
83 5 7 hr. \_\_\_\_\_ min.9. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)10. Usual occupation BLACKSMITH11. Industry or business RETIRED12. Name JOSEPH EGGEMAN13. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)14. Maiden name THERESA BRUNS15. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)16. (a) Informant OLIVIA EGGEMAN(b) Address JEFFERSON CITY, MO.17. (a) BURIAL (b) Date thereof 11/24/45  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation ST. PETER'S CEMETERY18. (a) Signature of funeral director Sylvester Nulle(b) Address JEFFERSON CITY, MO.19. (a) 11-24-45 (b) R.P. Dorris MD  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COLE 26  
 (c) City or town JEFFERSON CITY 5  
 (If outside city or town limits, write "RURAL") 7  
 (d) Street No. 1105 JEFFERSON  
 (If rural, give location) 0  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country GERMANY ✓

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 21  
year 1945 hour 12 minute 10 p/m/21. I hereby certify that I attended the deceased from 2-16  
1937 to 11-21, 1945  
that I last saw him alive on 11-21, 1945  
and that death occurred on the date and hour stated above.Immediate cause of death \_\_\_\_\_ Duration  
Cerebral hemorrhage 8 yearsDue to arteriosclerosis 10 years

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 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?

(Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature R.W. Gilman (M. D. or other) M.D.  
 Address Jefferson City, Mo. Date signed 11/23/45

1431 (Licensed Embalmer's Statement on Reverse Side)

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

V. S.  
100-30  
Rev.  
37823

FILED DEC 4 1945

RECEIVED

District Health Officer - No. 9,

District File Number \_\_\_\_\_

Date Filed 12-9-45

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 Sydney A. Smith

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.