

FILED JUN 13 1946 STANDARD CERTIFICATE OF DEATH

State File No. 16257

Registration District No. 110

Primary Registration District No. 4182

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town New Haven  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 3 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36  
(c) City or town New Haven /  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANK WILLIAM EGGERS Sr.

3. (b) If veteran, name war no 3. (c) Social Security No 486-12-2821A

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Margaret Eggers 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased 02 14 1870 (Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 26 If less than one day hr. min.

9. Birthplace Memphis Tennessee (City, town, or county) (State or foreign country)

10. Usual occupation Miller

11. Industry or business \_\_\_\_\_

12. Name Nancy Banard Eggers

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

14. Maiden name Rosa Benges

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

16. (a) Informant Margaret Eggers

(b) Address New Haven Mo

17. (a) Burial (b) Date thereof 5-13-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Mo.

18. (a) Signature of funeral director Leo Bertig

(b) Address New Haven Mo

19. (a) May-11-46 (b) Jeffie A. Trautman (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th year 1946 hour 12 minute 30P M.

21. I hereby certify that attended the deceased from May 9th 1946 to May 10, 1946 that I last saw him alive on May 10, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 18 hours

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None (include pregnancy within 3 months of death)

Major findings: Of operations no operation

Of autopsy no 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 B. P. Cissinham (M. D. or other) M.D.

Address New Haven, Mo Date signed 5/11/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
15144

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-16-46

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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 Earl Festig

Licensed Embalmer No. 3385

P. O. Address Newellaven 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.**