

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32522

State File No.

BIRTH NO. _____ REG. DIST. NO. 917 PRIMARY REG. DIST. NO. 6076 Registrar's No. 33018

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Florissant</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Florissant</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1525 Washington St.</u>		d. STREET ADDRESS (If rural, give location) <u>1525 Washington St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>W.</u> c. (Last) <u>Eggert</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 15, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>March 26, 1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	9. AGE (In years last birthday) <u>68</u> IF UNDER 1 YEAR <u>5</u> Months IF UNDER 2 HRS. <u>20</u> Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Florissant, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>	
13a. FATHER'S NAME <u>Fred Eggert</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Poordest</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eleanor Swanson, Florissant,</u> ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Causes of the section</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify).	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July 7, 1949</u> , to <u>Sept 15, 1949</u> , that I last saw the deceased alive on <u>Sept 12, 1949</u> , and that death occurred at <u>2:30 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. C. Ahrens, M.D.</u>		23b. ADDRESS <u>Florissant, Mo.</u>	23c. DATE SIGNED <u>Sept. 16, 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/17/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salem Lutheran Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Black Jack, Mo.</u>
DATE REC'D BY LOCAL REG. <u>9-17-49</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home, Ferguson, Mo</u> ADDRESS	

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

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108

2

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed L. M. Shute.....

Licensed Embalmer No. 3973.....

P. O. Address Herrington, Md.

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.