

FILED SEP 26 1951

STANDARD CERTIFICATE OF DEATH

State File No. **31210**

BIRTH NO. _____ REG. DIST. NO. **309** PRIMARY REG. DIST. NO. **6050** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Portage des Sioux Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Portage des Sioux Twp	
c. LENGTH OF STAY (in this place) 21 yrs		d. STREET ADDRESS (If rural, give location) R.R. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) Gilbert b. (Middle) George c. (Last) Egbert			4. DATE OF DEATH (Month) (Day) (Year) September 1 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 15 1884	9. AGE (In years last birthday) Months Days 67 5 16	IF UNDER 18 Hrs. Min. 5 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor		10b. KIND OF BUSINESS OR INDUSTRY Tavern		11. BIRTHPLACE (State or foreign country) Indiana	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Ernest Egbert	13b. MOTHER'S MAIDEN NAME Emma Niehaus	14. NAME OF HUSBAND OR WIFE Clara (Gansmann) Egbert
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NIL	17. INFORMANT'S SIGNATURE OR NAME Mrs Clara Egbert	ADDRESS Portage Des Sioux, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 days 15 years 12 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) diabetic mellitus DUE TO (c) arterio sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. diabetic gangrene of both lower legs			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 260X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from July, 1940, to Aug 31, 1951, that I last saw the deceased alive on Aug. 31, 1951, and that death occurred at 5:00 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. A. Barnard M.D.	23b. ADDRESS Portage Des Sioux	23c. DATE SIGNED 9/3/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 4-1951	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) St. Charles Rock Road St. Louis Co., Missouri
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DATE REC'D BY LOCAL REG. Sept 8 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE H. O. Dallmeyer & Sons Co	ADDRESS 800 N. 2nd - St. Charles, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
SEP 24 1951
DISTRICT HEALTH OFFICE No. 4
File No.

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed *Albert G. Kopp*
Student Embalmer No.....

Licensed Embalmer No. *2971*

P. O. Address _____

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.