

FEDERAL BUREAU OF INVESTIGATION  
 FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020897

FILED VS. MAY 25 1960

318

Primary Registration District No. 1003

Registrar's No. 5086

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Clinton</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b		c. CITY OR TOWN <u>Germantown</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Desloge Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Veronica</u> Middle <u>B</u> Last <u>Eversgerd</u>			4. DATE OF DEATH Month <u>May</u> Day <u>13</u> Year <u>1960</u>						
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/22/1909</u>	9. AGE (last birthday) <u>50</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours	IF UNDER 24 HR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Albers, Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Joe Netemeyer</u>			13b. MOTHER'S MAIDEN NAME <u>Frances Heckenkamper</u>			14. NAME OF HUSBAND OR WIFE <u>Frank Eversgerd</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 Address <u>Frank Eversgerd Germantown, Ill</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>circulatory collapse-bronchial asthma</u> <u>Circulatory collapse - Bronchial Asthma</u> <u>periarteritis nodosa</u> <u>Periarteritis nodosa</u> <u>collagen disease</u> <u>Collagen Disease</u> DUE TO (b) <u>289.2</u> DUE TO (c) <u>289.2</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Acute Poly neuritis</u> <u>acute poly neuritis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>3 months</u> <u>3 months</u>		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>May 8, 1960</u> to <u>May 13, 1960</u> and last saw her/him alive on <u>May 13, 1960</u> Death occurred at <u>10:50 A. M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Louis L. Turson</u> (Print or title) <u>M.D.</u>				22b. ADDRESS <u>457 N. Kingshighway</u> <u>457 N. Kingshighway</u>				22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-17-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Boniface</u>			23d. LOCATION (City, town, or county) (State) <u>Germantown, Ill</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Albert H. Hoppe 4700 Washington</u>				25. DATE RECD. BY LOCAL REG. <u>MAY 14 1960</u>		26. REGISTRAR'S SIGNATURE <u>Roan Smith, M.D.</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

17.1

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harmon M. Bilto

Licensed Embalmer No. 4375  
P.O. Address St Louis 23, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.