

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047147

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3381 STATE FILE NUMBER

1. **PLACED IN DATE** DEC 18 1961

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. COUNTY St. Louis b. COUNTY St. Louis c. CITY OR TOWN Chesterfield d. STREET ADDRESS R. R. #2

3. NAME OF DECEASED (Type or print) First JOHN Middle E. Last EGGERS 4. DATE OF DEATH Month November Day 28 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1/2/67 9. AGE (last birthday) 94

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Realtor 11. BIRTHPLACE (City and state or country) Two Rivers, Wis. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Gustavos Eggers 13b. MOTHER'S MAIDEN NAME Marie Buhse 14. NAME OF HUSBAND OR WIFE Louise Eggers

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. None 17. INFORMANT Robert Eggers, R.R.#2, Chesterfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 5 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerotic Heart Disease 5 years

DUE TO (c) Generalized Atherosclerosis 15 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 12⁰⁰ pm 1959 to Nov 28, 1961 and last saw him alive on Nov 28, 1961. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Walter G. Christian MD (Degree or title) 22b. ADDRESS 634 N Grand 22c. DATE SIGNED 11-29-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 11/30/61 23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery 23d. LOCATION (City, town, or county) St. Louis County, Mo. (State)

24. FUNERAL DIRECTOR Louis H. Bopp, Inc., Kirkwood, Mo. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 11-30-61 26. REGISTRAR'S SIGNATURE John C. Murphy

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 _____
Signature of Student Embalmer

Signed Francis J. Wyland Jr.
Licensed Embalmer No. 4517

P. O. Address Kirkwood, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.