

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001007

AMENDED

Registration District No. 116 Primary Registration District No. 30-20 Registrar's No. 31

STATE FILE NUMBER

**FILED FEB 5 1962**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Franklin</b>	a. STATE <b>Mo</b>	b. COUNTY <b>Gasconade</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington</b>	Length of stay in 1b <b>3 days</b>	c. CITY OR TOWN <b>Gasconade</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <b>EDGAR</b>	Middle <b>EMIL</b>	Last <b>EGGENBERG</b>	4. DATE OF DEATH	Month <b>Jan</b>	Day <b>29</b>	Year <b>1962</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Cau.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/30/1901</b>	9. AGE (last birthday) <b>60</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railway Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Railway Industry</b>	11. BIRTHPLACE (City and state or country) <b>Morrison Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>US</b>
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13a. FATHER'S NAME <b>Wm Eggenberg</b>	13b. MOTHER'S MAIDEN NAME <b>Minnie Biesemayer</b>	14. NAME OF HUSBAND OR WIFE <b>Velma Eggenberg</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT Address <b>Mrs. Velma Eggenberg Gasconade Mo</b>
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
IMMEDIATE CAUSE (a) <b>Myocardial infarction</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) _____	
DUE TO (c) _____	

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____
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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 <b>Hermann</b>	COUNTY <b>Gasconade</b>	STATE <b>Mo</b>
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21. I attended the deceased from 1-27-62 to 1-29-62 and last saw her 1-29-62  
Death occurred at 7:35 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>George M. Workman M.D.</b>	22b. ADDRESS <b>Hermann, Missouri</b>	22c. DATE SIGNED <b>1-30-62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2/1/1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hermann Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Hermann Mo</b>
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24. FUNERAL DIRECTOR <b>Herman Blumer Inc Hermann Mo</b>	25. DATE RECD. BY LOCAL REG. <b>1/31/62</b>	26. REGISTRAR'S SIGNATURE <b>Lothar P. J. Huchman</b>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

VS MAR 9 1962

AUG 28 1962

FEB 6 1962

FEB 20 1962

**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 ORVAL GRONER Student Embalmer No. 641  
working under my personal supervision.

Student Orval Groner  
Signature of Student Embalmer

Signed [Signature]  
Licensed Embalmer No. 3160

P. O. Address Hermann, 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.