

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

13051

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Primary Registration District No. 000
(No. *St. Marys Infirmary*)

File No.
Registered No. **3934**
St. Ward)

2. FULL NAME

(a) Residence, No. *4558 Adelaide ave.*, St. *8*, Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *April 15 1924*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF *Louisa Eschbacher*

17. I HEREBY CERTIFY That I attended deceased from *April 11 1924* to *April 15 1924* that I last saw ~~him~~ alive on *April 15 1924*, and that death occurred, on the date stated above, at *11 15 p.m.*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Feb 3 - 1868*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 2 12

127th Perforated Gall bladder 129

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work *Salesman*
(b) General nature of industry, business, or establishment in which employed (or employer) *Wash. Smith Optical*
(c) Name of employer

CONTRIBUTORY (SECONDARY) *General Peritonitis* (duration yrs. mos. ds. *4*)
129 (duration) yrs. mos. ds. *4*

9. BIRTHPLACE (CITY OR TOWN) *St. Louis*
(STATE OR COUNTRY) *mo*

18. WHERE WAS DISEASE CONTRACTED *129*
IF NOT AT PLACE OF DEATH?

10. NAME OF FATHER *George Eschbacher*

1 DID AN OPERATION PRECEDE DEATH? *yes* DATE OF *April 15 24*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Germany*
(STATE OR COUNTRY)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Calvary*

12. MAIDEN NAME OF MOTHER *Catherine Hoff*

WHAT TEST CONFIRMED DIAGNOSIS? *Clinical & Operation*
(Signed) *Frank H. Gray, M. D.*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Germany*
(STATE OR COUNTRY)

April 16 1924 (Address) *2249 St Louis ave*

14. INFORMANT *Louisa Eschbacher*
(Address) *4558 Adelaide ave*

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

15. FILED *APR 17 1924* *Mar 6 Starves*
REGISTERED

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Calvary* DATE OF BURIAL *April 18 24*

20. UNDERTAKER *Street & Carroll* ADDRESS *4455 Nat Bridge ave*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*, (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); *Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child-birth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; struck by rail-train—accident; Revolver wound of head—homicide, Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENT
BY PHYSICIAN.

Division of
Vital Statistics

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

#2
Dr. Cortez F. Enloe,
Special Agent,
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be made complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

Name: Joseph F. Eschbacher

Who died at: St. Louis on April 15-1924

Residence: No. 4558 Adelaide St. _____
(if nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: M Color or race: W Single, married, widowed or divorced: M

Date of birth: Feb 3-1868 Age: Years 56 Months 2 Days 12

Occupation: (a) Trade Salesman (b) Industry: _____

Birthplace (State or country) Mo

Birthplace of father (State or country) Germany

Birthplace of mother (State or country) Germany

CAUSE OF DEATH: Perforated Gall bladder, General Peritonitis Cause Unknown. Information given

Contributory: over Phone, by Mr. F. Krug, Div. of V. S.
11-28-24

Where was disease contracted? _____

13051
3934

124

1924

15031-5