

MAR 13 1939

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

6504  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Greene Registration District No. 318  
 (b) Township Springfield Primary Registration District No. 2001 Registered No. 96  
 (c) City Springfield (d) Street No. Springfield Baptist Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

Charles Benjamin Eslinger  
 (a) Residence, No. 1401 St. Louis Street, St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa Eslinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1980

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hra. or .....min.  
✓ 58 8 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Driller  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Springfield  
 (STATE OR COUNTRY) Missouri.

FATHER 13. NAME August Eslinger

14. BIRTHPLACE (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Catherine Stephens

16. BIRTHPLACE (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Rosa Eslinger  
 (ADDRESS) Springfield, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood Cemetery DATE Feb. 3, 1939

19. FUNERAL DIRECTOR (NAME) Herman W. Lohmeyer  
 (ADDRESS) Springfield, Missouri.

20. FILED Feb 3 1939 Chas. Thurgott  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1939, to Feb 1, 1939, 19

I last saw him alive on Feb 1, 1939. Death is said to have occurred on the date stated above, at 11:55m.

The principal cause of death and related causes of importance were as follows:

Mesenteric Vascular Occlusion Date of onset 1/31/39

Other contributory causes of importance:

Coronary Disease 7/12/28

Name of operation Resection of Bowel Date of 7/1/39

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of Injury, 19.....  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Robert Glynn, M. D.

(Signed) Robert Glynn (Address) Springfield

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *M. L. Canaday*  
Licensed Embalmer No. *3437*  
P. O. Address *Springfield 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 this body is not embalmed, above space should be left blank.**