

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

18040  
Do not use this space.

RECD JUN 14 1939

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2

85

1. PLACE OF DEATH  
(a) County Buchanan Registration District No. 1001  
(b) Township Washington Primary Registration District No. 1001 Registered No. 479  
(c) City St. Joseph (d) Street No. Hotel Robidoux 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. ds.

2. PRINT FULL NAME Ernst L. Escher Iowa  
(a) Residence, No. 508 B Ave. West, Cedar Rapids, Ia. (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 Eda Escher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
Est. 47 Unk Unk

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

FATHER  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tipton, Iowa  
13. NAME Unknown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER  
15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT M. B. Gardner  
(ADDRESS) Cedar Rapids, Iowa

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Tipton, Iowa DATE May 5 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Halter Meierhoffer 1302 Faraon St. St. Joseph

20. FILED May 5 1939 A. J. Nestel  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1939, to May 5, 1939.  
I last saw h. im alive on May 4, 1939. Death is said to have occurred on the date stated above, at 12:30a.  
The principal cause of death and related causes of importance were as follows:  
Coronary Thrombosis  
946

Date of onset

Other contributory causes of importance:

Name of operation Cholec Date of no  
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury no  
Where did injury occur? no (Specify city or town, county, and State)  
Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify no  
(Signed) J. J. Allaman, M. D.  
(Address) Central Building, St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 me

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

Signed

Walter H Kelly

Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, Missouri

**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.**