

N 26 1939

REC'D JUL 8

1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

23166

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis, Registration District No. 784  
 (b) Township Agnes Primary Registration District No. 22  
 (c) City Chesterfield (d) Street No. Wild Horse Rd. 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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 1123

## 2. PRINT FULL NAME

William F. Essen,  
 (a) Residence, No. Chesterfield, Mo. St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 Adelia Jones Essen.  
 WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 9 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer.  
 9. Industry or business in which work was done, as saw mill, bank, own farm  
 10. Date deceased last worked at this occupation (month and year) June 12, 1939 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia, Pa.13. NAME Rudolph Essen,14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Ellen O'Kennedy16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT (ADDRESS) Adelisi Essen  
Chesterfield, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Cumbo Cem., DATE 6/26/39  
Cumbo, Mo. '1919. FUNERAL DIRECTOR (NAME) (ADDRESS) Schradler Funeral Home  
Bellevue, Mo.20. FILED JUN 26 1939 G. R. Meyer  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1939, to June 24, 1939  
 I last saw him alive on June 24, 1939 Death is said to have occurred on the date stated above, at 10:40 a.m.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Myocarditis  
Atherosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Exam Was there an autopsy? No

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 \_\_\_\_\_

(Signed) Henry Seitz M. D.(Address) Bellevue, Mo.

N. 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.

**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

*Thos Schrader*

Licensed Embalmer No.

3066

P. O. Address

*Ballwin 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.**