

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.

AUG 11 1939 781  
1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Anthony Hospital /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 9 days  
(Specify whether  
 In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Michael Esswein 250

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Esswein 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Feb. 20, 1862  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>4</u>	<u>9</u>	hr. _____ min. _____

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer Retired 3 yrs.

MOTHER FATHER

12. Name John Esswein

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Sachs  
(City, town, or county) (State or foreign country)

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary Esswein

(b) Address 3421 Illinois

17. (a) Burial (b) Date thereof July 3 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director J. F. Budick

(b) Address 2842 Jerome

19. (a) III 1 1939  
(Data reported local registrar)

J. F. Budick  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri / (b) County \_\_\_\_\_  
 (c) City or town St. Louis 124  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3421 Illinois  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 50 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29  
 year 1939 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from June 2, 39  
 \_\_\_\_\_, 19\_\_\_\_, to June 29 \_\_\_\_\_, 1939;  
 that I last saw him alive on June 29 \_\_\_\_\_, 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis Duration 1 yr.

Due to: Hypertrophied Prostate with Carcinoma.

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Prostate  
Trans Urethral Prostatectomy  
 Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_

23. Signature H. Julius Chas. Kotter M.D. (M. D. or other)  
 Address 2653 Cherokee Date signed 6/30/39

**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 *Herman A. Gebkin*

Licensed Embalmer No. 2120

P. O. Address. 2842 Meramec st.  
St. Louis, 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.**