. S. No. 2
—11-10-39
v. 5-17-39
I X21492

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUL 17 1940

State File No. 20042

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4990

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bethesda Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis 18
(If outside city or town limits, write "RURAL")
(d) Street No. 3529 Chouteau Av.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles G. Eschmann

3. (b) If veteran, name war no.

3. (c) Social Security No. 489-07-1330

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. (Month) 5. (Day) 1883 (Year)

8. AGE: Years 56 Months 10 Days 0 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Beer Brewer

11. Industry or business Falstaff Co.

FATHER
12. Name Charles G. Eschmann
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Amalie Link
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Robert E. Eschmann
(b) Address 1309 Lynch St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-40 (Month) (Day) (Year)
(c) Place: burial or cremation N. St. Marcus Cem.

18. (a) Signature of funeral director Witt Bro. L & N Co
(b) Address 2929 S. Jefferson Av.

19. (a) JUN 7 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 194 hour 10/15 AM minute M.

21. I hereby certify that I attended the deceased from June 1, 1940, to June 5, 1940
that I last saw him alive on June 5, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ca Sigmoid	?
Due to	
Due to Obstruction	3 wks?
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Ca Sigmoid	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature H. S. Pyne (M. D. or other)
Address 1803 Pershing Date signed 6-5-40

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 3473

P. O. Address .....

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.