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NOV 15 1940

State File No.

Registration District No. 425

Primary Registration District No. 5580

Registrar's No. 14-47

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

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town RURAL - MERAMEC MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. JOSEPH'S HILL INFIRMARY 1-3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 41 HOURS
(Specify whether)

In this community 1 day
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town WASHINGTON, MO.
(If outside city or town limits, write "RURAL")

(d) Street No. 727 WEST MAIN
(If rural, give location)

(e) If foreign born, how long in U. S. A.?..... years.

3. (a) PRINT FULL NAME HENRY JOSEPH ESSER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 5. Color or race W 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 AUGUST 1 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>2</u>	<u>6</u>hr.min.

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

10. Usual occupation TINNER

11. Industry or business Adv. Store

12. Name CASPER ESSER

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

14. Maiden name CATHERINE HAGEDORN

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

16. (a) Informant Bessie Rock

(b) Address St. Joseph's Hill Infirmary 1440

17. (a) Burial (b) Date thereof Oct. 10 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director W. H. ...

(b) Address Washington Mo.

19. (a) 7 Oct 1940 (b) J. A. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 7 24
year 1940 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from

....., 19....., to, 19.....;

that I last saw him alive on, 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death BRONCHO - PNEUMONIA Duration

Due to 121

Due to

Other conditions ARTERIO-SCLEROTIC CARDIO-VASCULAR DISEASE
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:

Of operations:

Of autopsy:

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 396
While at work? 396 (Specify type of place) (e) Means of injury

23. Signature Chas. O. Connor (Registrar, D. or other) 5
Address Acting Coroner Date signed 10/7/40

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

Lester H. Vitt, Registered Apprentice No. _____
working under my personal supervision.

Signed

Lester H. Vitt

Licensed Embalmer No.

3254

P. O. Address

Washington, DC

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.