

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

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. 1003

3720 Washington  
8859  
2269

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. Lukes Hospital  
(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

3. (a) PRINT FULL NAME Elfrieda Eschenbrenner,

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

4. Sex Female / 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Eschenbrenner 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Nov 27 1884  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>3</u>	<u>13</u>	_____ hr. _____ min.

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

10. Usual occupation H. W.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name ? Rade

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

14. Maiden name Julia Harstlick

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

16. (a) Informant's own signature Des. Eschenbrenner

(b) Address 6522 Crest, University City

17. (a) Burial (b) Date thereof 3/13/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemty

18. (a) Signature of funeral director Louis H. Bopp Und Co.

(b) Address 131 W. Argonne Kirkwood

19. (a) MAR 11 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town University City,  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 6522 Crest Ave.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 10  
 year 1941 hour 9 minute 7 M.

21. I hereby certify that I attended the deceased from Mar 10, 1941, to Mar 10, 1941;  
 that I last saw her alive on Mar 10, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia  
bilateral  
Neuritic thrombosis  
 Due to Chronic Fibrous Sclerodermis  
also  
Carcinoma Breast

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death) 50

Major findings: Of operations \_\_\_\_\_

Of autopsy as above

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) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address 3720 Washington Blvd. Date signed 3/10/41

**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.....

*Louis H Bopp*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Louis H Bopp*

Licensed Embalmer No.....

*921*

P. O. Address.....

*Kirkwood*

**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.**