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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29785

FILED OCT 18 1941  
791

Registration District No. Primary Registration District No. 1003 Registrar's No. 7123

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 4413 Dewey St.  
(d) Length of stay: In hospital or institution  
In this community years, months or days

3. (a) PRINT FULL NAME Melchior Esswein  
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 Magdalena  
6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased December 27 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	8	4	hr. min.

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

10. Usual occupation Grocer  
11. Industry or business Retired 18 Yrs.

MOTHER FATHER  
12. Name John Esswein  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Katherine Sachs  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Magdalena Esswein  
(b) Address 4413 Dewey St.

17. (a) Burial (b) Date thereof Sept. 3, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New SS. Peter & Paul Cem.

18. (a) Signature of funeral director J. H. Fisher  
(b) Address 2842 Meramec St.  
19. (a) SEP 2 1941 (b) J. P. Bredich  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 4413 Dewey St.  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 31st  
year 1941 hour 11 minute 52 A.M.  
21. I hereby certify that I attended the deceased from May 1939 to Aug 31 1941  
that I last saw him alive on Aug 31 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Due to Coronary Embolism  
Metastatic Carcinoma 1939  
Due to Carcinoma Rectum  
Carcinoma sigmoid  
Other conditions Hypertrophy heart  
Major findings Primary hyperthyroidism  
Of operations Calostomy  
Of autopsy none

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) none  
(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?  
While at work (Specify type of place) (c) Means of injury  
23. Signature J. P. Bredich (M. D. or other) me  
Address Date signed 9-2-41

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

**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

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*John B. Pacey*

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.  
St. Louis, Missouri

**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, fact should be so stated above.**