No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED OCT 18 1941

State File No. 30075

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7414

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Firman- Desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days. 0 (Specify whether
In this community 40 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis. 17 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3812 Cleveland Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 10 years.

3. (a) PRINT FULL NAME Hattie Eskew

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Joseph Eskew

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

7. Birth date of deceased Feb. 24 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 16 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business Housewife

FATHER
12. Name Jesse Putnam
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Wall
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Hill
(b) Address 3812 Cleveland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 15/41
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel Ills.

18. (a) Signature of funeral director Thos Kutis & Son
(b) Address 2906 Gravois Ave.

19. (a) SEP 14 1941 (Date received by registrar) (b) J. P. Boedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10
year 1941 hour 5 minute 32 A.M.

21. I hereby certify that I attended the deceased from 9-10-, 1941, to 9-12, 1941
that I last saw her alive on 9-12-, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Due to Volvulus of small intestine

Due to Post operative adhesions

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Volvulus

Of autopsy Gangrene of intestine
Peritonitis

Duration

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 K B Coldwater (M. D. or other)
Address 1325 So. Grand Date signed 9-12-41

(Licensed Embalmer's Statement on Reverse Side) K. B. Coldwater, M.D.

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STANDARD CERTIFICATE OF DEATH

State File No. .....

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

1. PLACE OF DEATH:

(a) County .....

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

(c) Name of hospital or institution: ..... (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify, whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

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

(d) Street No. ..... (If rural, give location)

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

3. (a) FULL NAME PRINT .....

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

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

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

7. Birth date of deceased ..... (Month) (Day) (Year)

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

9. Birthplace .....

10. Usual occupation .....

11. Industry or business .....

12. Name .....

13. Birthplace .....

14. Maiden name .....

15. Birthplace .....

16. (a) Informant .....

(b) Address .....

17. (a) Place of death, or removal .....

(b) Address .....

18. (a) Signature of undertaker .....

(b) Address .....

19. (a) ..... (b) .....

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day ..... year ..... hour ..... minute ..... M.

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

Immediate cause of death ..... Duration

Due to .....

Due to .....

Other conditions .....

Major findings: ..... (Date of autopsy within 3 months of death)

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)

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 David Milton Vaccaro, Registered Apprentice No. 280 working under my personal supervision.

Signed Thos Lutes

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois

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.

(Licensed Embalmer's Statement on Reverse Side)

FOR FUNERAL DIRECTORS

FOR EMBALMERS

FILE FUNERAL—USE BLACK INK—PLACE A PERMANENT RECORD

No. 2
4-13-10
5-17-10
1 X2215