

FILED AUG 25 1942 *3/18*

Registration District No.

Primary Registration District No. *1003*

Registrar's No. *6936*

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

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:
3637 Wyoming Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis *17*
(If outside city or town limits, write "RURAL") *2/16*
(d) Street No. 3637 Wyoming Street
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... *0*

3. (a) PRINT

FULL NAME Arthur Eschrich
(b) If veteran, name war No
(c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frieda Eschrich
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased December 23 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 7 24 hr. min.

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

10. Usual occupation Merchant

11. Industry or business Eschrich Hardware Co.

MOTHER FATHER

12. Name Henry Eschrich
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Louisa Scholl
15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Frieda Eschrich

(b) Address 3637 Wyoming Street

17. (a) Burial (b) Date thereof 8/19/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Church Yard

18. (a) Signature of funeral director Hacker-Beckler & Co.

(b) Address 3634 Grayois Avenue

19. (a) AUG 18 1942 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16 th.
year 1942 hour 11 minute 30 P. A. M.

21. I hereby certify that I attended the deceased from
Jan 15th 1938 to Aug 16th 1942
that I last saw him alive on Aug 16th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Chc. hypertensive crisis
by perforation of
Esophageal diverticulum
& general metastases
Due to 2 days

Other conditions (Include pregnancy within 3 months of death)

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?..... (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) 0
(e) Means of injury
23. Signature J. Bredeck M.D. or other
Address 3606 Beavers Date signed 8/16/42

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.....

Robert Crowley

Licensed Embalmer No.....

2178

P. O. Address.....

St Louis Mo

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.