. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25820

Registration District No. 348 — Primary Registration District No. 1003 — Registrar's No. 7167

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. Anthony Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Days (Specify whether Life
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12
(c) City or town St. Louis 9 16 (If outside city or town limits, write "RURAL")
(d) Street No. 3631a Keokuk Street (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Eswin

3. (b) If veteran, name war No

3. (c) Social Security No. 489-07-8436

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Katie Eswin

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased September (Month) 12 (Day) 1876 (Year)

8. AGE: Years 65 Months 11 Days 13 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Foreman

11. Industry or business Mound Tool Co

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Katie Eswin
(b) Address 3631a Keokuk Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/42 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Hacker-Helaerle and Co.
(b) Address 3634 Gravois Avenue

19. (a) AUG 27 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

0 + 7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25 th. year 1942 hour 9 minute 20 P M.

21. I hereby certify that I attended the deceased from July July 26, 1942, to Aug 25, 1942 that I last saw h / alive on , 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: General Peritonitis	
* Bi Lateral Pulmonary Oedema	7 days
Due to: R. Lower Pneumonia	
Coronary Thrombosis	
Due to: Ruptured Appendix	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations General Peritonitis Ruptured Appendicitis
Of autopsy See X

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 0

23. Signature A. L. Hertel (M. D. or other)
Address 3606 Gravois Date signed 8/26/42

(Licensed Embalmer's Statement on Reverse Side)

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 Wheeler

Licensed Embalmer No. 2128

P. O. Address [illegible]

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.