

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 23 1942 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28694

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 7710

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's 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)

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") 9 2
(d) Street No. 5418 Rhodes (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Loretta Essig

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Leonard Essig 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased February 10, 1889 (Month) (Day) (Year)

8. AGE: Years 53 Months 7 Days 4 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name John Regan

13. Birthplace Ireland (City, town, or county) (State or foreign country)

14. Maiden name Ellen Meehan

15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Leonard Essig

(b) Address 5418 Rhodes

17. (a) Burial (b) Date thereof 9-17-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Southern Funeral Home 6322 South Grand Blvd

(b) Address SEP 16 1942 (c) J. F. Bredeck (Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, day 14th year 1942 hour minute M.

21. I hereby certify that I attended the deceased from May 42 to Sept 14 42 and that death occurred on the date and hour stated above. that I last saw her alive on Sept 11 1942

Immediate cause of death: Arteriosclerotic Heart Disease

Due to: Diabetes Mellitus

Due to: Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy

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? Means of injury

23. Signature: Carl [Signature] (M. D. or other) Address: Humboldt Blvd Date signed: 9-15-42

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

MOTHER FATHER

DR. CARL J. REIS,
HUMBOLT BLDG.,
JE. 1800
3 P.M. TODAY

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..... *Vincent L. Berryman*.....

Licensed Embalmer No..... *4017*.....

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.