

Registration District No. 310

Primary Registration District No. 3050

Registrar's No. 200

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Mrs. Frieda Esselmann

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 Theodore Esselmann

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased November 26, 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>-</u>	<u>7</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Boenker

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

14. Maiden name Katherine Meyer

15. Birthplace St. Charles, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Theodore Esselmann

(b) Address St. Charles, Mo

17. (a) Burial (b) Date thereof Dec. 5, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director Haerzmann Paul

(b) Address 326 76 St. St. Charles Mo

19. (a) Dec 4, 1943 (b) Ernest G. Paul
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

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

(d) Street No. 1104 Madison Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3rd
year 1943 hour 6 minute - A. M.

21. I hereby certify that I attended the deceased from Dec. 1940
19____ to Dec 3 - 1943, 19____
that I last saw her alive on Dec 2, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma duoden Duration 8 wks

Due to _____

Due to _____

Other conditions 46 f
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

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? _____

While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature Vincent A. Schneider (M. D. or other) MD

Address St. Charles Mo Date signed 12/31/43

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

92
9
3

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..... *Arthur C. Bane*

Licensed Embalmer No. *31255*

P. O. Address..... *St. Charles, 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.