

S. No. 2
OM-5-43
v. 5-17-39
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

12753

State File No.

3358

FILED APR 20 1944
Registration District No. 212

Primary Registration District No.

Registrar's No.

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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 5 days
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
 (c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No..... 4551 Delmar
(If rural, give location)
 (e) Citizen of foreign country?..... 0 (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... Buelah Essary
 3. (b) If veteran, name war..... None
 3. (c) Social Security No..... Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th
 year..... 1944 hour..... 3:40 minute..... P. M.
 21. I hereby certify that I attended the deceased from April 2nd
 _____, 19 44 to April 7th, 19 44
 that I last saw her alive on April 7th, 19 44
 and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife..... John Essary
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... May 5 1882
(Month) (Day) (Year)

Immediate cause of death..... Cerebral hemorrhage

 Due to.....

 Due to.....

 Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>11</u>	<u>2</u>	hr. min.

9. Birthplace..... Paris Tennessee
(City, town, or county) (State or foreign country)
 10. Usual occupation..... Housewife

Major findings:
 Of operations.....
 Of autopsy..... None

PHYSICIAN

 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....
 12. Name..... John Perry
 13. Birthplace..... Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name..... Unknown
 15. Birthplace..... Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant..... Charles Easter
 (b) Address..... 4551 Delmar
 17. (a) Removal (b) Date thereof..... 4-8-44
(Burial, cremation, removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... Martin, Tennessee

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?.....

18. (a) Signature of funeral director..... Albert H. Hoppe
 (b) Address..... 4700 Washington
 19. (a) APR 11 1944
(Date received local registrar's certificate)
J. F. Bredsch
(Registrar's signature)

While at work?.....
(Specify type of place)
 (c) Means of injury.....
 23. Signature..... Frank J. ...
4515 Lafayette
(City or town)
 Date signed..... 4/8/44

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

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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..... *Albert G. Hoffe*

Licensed Embalmer No..... *2971*

P. O. Address.....

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.