

FILED OCT 24 1944

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2088

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Orville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
None, Wild Horse Creek Rd. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community 67 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town Orville 6  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. Wildhorse Creek Rd.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Adelia Ellen Essen

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 Widow

6. (b) Name of husband or wife William F. Essen

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

7. Birth date of deceased Mar. 11 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 6 29 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Co. Mo. 11  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife (Retired)

11. Industry or business At home

MOTHER FATHER

12. Name Harrison Jones

13. Birthplace ? Mo. 6  
(City, town, or county) (State or foreign country)

14. Maiden name Mary J. Cloak

15. Birthplace ? Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Essen

(b) Address 10756 Oak Ave. Overland 14 Mo.

17. (a) Burial (b) Date thereof Oct. 13-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gumbo Cemetery

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Ballwin, Mo.

19. (a) OCT 14 1944 (b) E. S. McCluram M.D.  
(Date received local registrar) (Registrar's signature) (Consul)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10  
year 1944 hour 11 minute 55 A. M.

21. I hereby certify that I attended the deceased from 9-12, 1944, to 10-10, 1944  
that I last saw him alive on 10-9, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Central hemorrhage Duration 5 da.  
Due to Hypertension 61 3 yrs.  
Due to Diabetes mellitus 5 yrs.

Other conditions None  
(Include pregnancy within 5 months of death)

Major findings: Of operations None  
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 5

23. Signature [Signature] (M.D. or other) [Signature]  
Address [Address] Date signed 10-12-44

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

16  
0

**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

*Theo. Scheeler*

Licensed Embalmer No.

*3066*

P. O. Address

*Bellewin, 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.**