

No. 2
-8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39312**
Registrar's No. **11147**

FILED JAN 15 1948
Registration District No.

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4142 Peck St.
(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)

3. (a) PRINT FULL NAME Emelia Essig
(b) If veteran, name war No
(c) Social Security No. No

4. Sex Male 0 5. Color or race White 2 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Louis Essig 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 4, 1859
(Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 23 If less than one day
hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Beinert
13. Birthplace Germany U (City, town, or county) (State or foreign country)
14. Maiden name Eliza Amiller (City, town, or county) (State or foreign country)
15. Birthplace Germany U (City, town, or county) (State or foreign country)

16. (a) Informant Oscar H. Meyer
(b) Address 3634 Castleman Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 30, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery
Paschedag-Henke Fun. Home

18. (a) Signature of funeral director _____
(b) Address 2825 N. Grand Blvd.

19. (a) DEC 28 1944 (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

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. 4142 Peck St. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27th
year 1944 hour 6 minute 35 P.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
Arteriosclerosis

Due to _____
Due to 94

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:

(c) 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 _____

23. Signature Walter Perry (M.D. or other) _____
Address Deput Date signed 12/28/44

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.....

W. Wilkinson

Licensed Embalmer No.....

3575-

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.