

FILED JAN 20 1945
318

Registration District No. _____ Primary Registration District No. 1003

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. Louis City Hospital - Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 0

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Espelkoetter

3. (b) If veteran, name war World War #1

3. (c) Social Security None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 10, 1892
(Month) (Day) (Year)

8. AGE: Years 52 Months 5 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

12. Name Bernard Espelkoetter

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

14. Maiden name Mary Torbeck

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

16. (a) Informant Mary Espelkoetter

(b) Address 1714 N. 14th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-45 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) JAN 10 1945 (Date received local registrar) (b) J. F. Brudick (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. 1714 N. 14th St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9th
year 1945 hour 5:35 minute A. M.

21. I hereby certify that I attended the deceased from 1/8/45
_____ 19____, to 1/9/45 19____;
that I last saw him alive on 1/9/45 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Infarction of myocardium due to arteriosclerotic coronary thrombosis Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____

Of autopsy Same

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 Herbert C. Fritz (M. D. or other)

Address 1515 Lafayette 1/9/45 signed

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

PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *John P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address. *2223 St. Louis*

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.