

No. 2  
4-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

271

State File No.

FILED FEB 1 1946

Registration District No. 318

Primary Registration District No.

Registrar's No. 744

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4759a Alaska  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 62 years  
years, months or days) (Specify whether)

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. 4759a Alaska  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME William F. Essmueller

3. (b) If veteran, name war..... 3. (c) Social Security No. 488-10-0158

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Mary C. Essmueller 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased December 10, 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 1 11 hr. min.

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

10. Usual occupation (Bricklayer) - Laborer

11. Industry or business Machine Shop

12. Name Frederick Wm. Essmueller

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

14. Maiden name Caroline Tegtmeyer

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

16. (a) Informant Mrs. Mary C. Essmueller

(b) Address 4759a Alaska

17. (a) Burial (b) Date thereof. 1/24/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthew Cemetery

18. (a) Signature of funeral director Beiderwieden F. H., Inc.

(b) Address 1836 St. Louis Avenue

19. (a) JAN 29 1946 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21,  
year 1946 hour 6: minute 00 P. M.

21. I hereby certify that I attended the deceased from Wed 11 45  
to Jan 21 1946 that I last saw him alive on Jan 21 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration 1 yr  
Due to

Due to Arteriosclerosis  
Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations HO  
Of autopsy HO  
PHYSICIAN Arteriosclerosis  
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?

(Specify type of place)

While at work? (e) Means of injury.....

23. Signature J. F. Bredeck (M. D. or Other)

Address 7342 Date signed 1/22/46

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

MOTHER FATHER

Dr. Roy C. Dripps  
7702 Ivory  
10-1 6:30 - 8

---

---

**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..... *Roy C. Dripps*  
Licensed Embalmer No..... *3497*  
P. O. Address..... *1936 St. James*

**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.**