

Registered District No. **318**  
**FILED MAR 27 1946**

Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town St. Louis,  
(c) Name of hospital or institution:  
3421 Illinois Ave.,  
(d) Length of stay: in hospital or institution.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri, (b) County.....  
(c) City or town St. Louis,  
(d) Street No. 3421 Illinois,  
(e) Citizen of foreign country?.....  
If yes, name country.....

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

4. Sex Female, 5. Color or race White, 6. (a) Single, widowed, married, divorced Widowed,  
6. (b) Name of husband or wife Michael Esswein, 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased August 15, 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 7 3 hr. min.

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

10. Usual occupation At Home,

11. Industry or business.....

MOTHER FATHER { 12. Name Joseph Huber,  
13. Birthplace Germany,  
14. Maiden name Barbara Raab,  
15. Birthplace Germany,  
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Esswein,  
(b) Address 3421 Illinois Ave.,

17. (a) Burial, (b) Date thereof 3/21/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New SS. Peter & Paul Em.

18. (a) Signature of funeral director Gebken-Benz Mortuary  
(b) Address 2842 Meramec St.

19. (a) MAR 18 1946 (b) J. F. Bredick  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month March day 18th  
year 1946 hour 4: minute 25 A.M.

21. I hereby certify that I attended the deceased from June 1945 to January 1946  
that I last saw him alive on March 18 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis,  
Due to arteriosclerosis  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

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?.....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work?.....

23. Signature J. F. Bredick (M. D. or other)  
Address 514 W. Florissant Date signed 3/21/46

Duration 3 1/2  
Physician W. J. Bredick  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
10001

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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.....me.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Loren E. Perry

Licensed Embalmer No.....4094

.....2842 Meramec St.,  
P. O. Address.....St. Louis, 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.**