

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40003

State File No. _____

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 284

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 1 day
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole

(c) City or town Rich Fountain Jefferson City
(If outside city or town limits, write "RURAL")

(d) Street No. 1032 A. E. High
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Joseph George Esterhold

3. (b) If veteran, name war I

3. (c) Social Security No. 496-01-4534

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 15
year 1946 hour 4 minute 25 pm.

21. I hereby certify that I attended the deceased from 12-14
1946 to 12-15 1946
that I last saw him alive on 12-15-46 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Lopez

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased March 10 1896
(Month) (Day) (Year)

Immediate cause of death Int. Cr. Fractures skull
Brain laceration

Due to Fractures skull Duration 1 day

Due to Head injury Duration 1 day

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

50 9 5 hr. _____ min.

9. Birthplace Rich Fountain Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Worker (International)

11. Industry or business International Shoe Co.

MOTHER FATHER { 12. Name John Esterhold

{ 13. Birthplace Rich Fountain Mo
(City, town, or county) (State or foreign country)

{ 14. Maiden name Anna Androff

{ 15. Birthplace Rich Fountain Mo
(City, town, or county) (State or foreign country)

Major findings: Of operations 106 A

Of autopsy 106 B

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

16. (a) Informant Sebastian G. Esterhold

(b) Address Rich Fountain Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-46
(Month) (Day) (Year)

(c) Place: burial or cremation Rich Fountain Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 12/15

(b) Date of occurrence 12-14-46

(c) Where did injury occur? Jefferson City, Cole, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
not in place

While at work? yes (Specify type of place) (e) Means of injury fall from ladder

23. Signature R. P. Davis M.D. (M. D. or other) M.D.
Address Jefferson City, Mo Date signed 12-16-46

18. (a) Signature of funeral director Clyde Muelton

(b) Address Jefferson Mo

19. (a) 12-16-46 (b) R. P. Davis M.D.
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
38817

FEB 14 1942

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-19-46

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 *Vernon M. Mosler*

Licensed Embalmer No. *4125*

P. O. Address *Linn*

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.