S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42995

Primary Registration District No. 1003

Registrar's No. 11918

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 2209 N. 13th St. (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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2209 N. 13th St. (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME William Martin Esmeyer
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Bell Esmeyer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 12 (Day) 1869 (Year)

8. AGE: Years 78 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Caledonia (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Miner
11. Industry or business
FATHER
12. Name William Esmeyer
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name Margaret Aberys
15. Birthplace Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant Bessie Ferguson
(b) Address 4022a Laclede Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation Potosi, Mo.
18. (a) Signature of funeral director Sparks Funeral Home
(b) Address Potosi, Mo.
19. (a) DEC 29 1947 (Date received local registrar) (b) J. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28 year 1947 hour 9 minute 45 M.
21. I hereby certify that I attended the deceased from Dec. 26, 1947 to Dec. 28-47, 19..; that I last saw him alive on Dec. 24, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage left side	2 days
Due to Chronic nephrosclerosis	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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) U
While at work? (e) Means of injury
23. Signature J. C. Crearne (M. D. or other) MD
Address 2504 N. 14th St. Date signed 12-28-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

No Embalm

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.....

Licensed Embalmer No.....

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.