

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42905

State File No.

FILED JAN 10 1952

| | | | | | | | | | | | |
|--|--|--|-------------------|--|-------------------------|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 11485 | | | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2179 | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis | | d. STREET ADDRESS (If rural, give location) 3624-A Shaw | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL | | | | d. STREET ADDRESS (If rural, give location) | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH | | | b. (Middle) _____ | | c. (Last) ESWINE | | 4. DATE OF DEATH (Month) (Day) (Year) 12 25 51 | | | | |
| 5. SEX F | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Single | | 8. DATE OF BIRTH 5/28/81 | | 9. AGE (In years last birthday) 70 | | IF UNDER 1 YEAR Months Days Hours Min. 1 27 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) Bell Prairie, Ill. / | | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13a. FATHER'S NAME Louis Eswine | | | | 13b. MOTHER'S MAIDEN NAME Mary Rubenacker | | | | 14. NAME OF HUSBAND OR WIFE XX | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | | | 16. SOCIAL SECURITY NO. No | | 17. INFORMANT'S SIGNATURE OR NAME Mrs C.W. Wind | | | | ADDRESS. 3624-A Shaw | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FATTY DEGENERATION OF MYOCARDIUM ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) DIABETES MELLITUS DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | | | | INTERVAL BETWEEN ONSET AND DEATH YEARS | |
| 19a. DATE OF OPERATION _____ | | | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | 21f. HOW DID INJURY OCCUR? 2leo X | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from 11/30 , 19 51 , to 12/25 , 19 51 , that I last saw the deceased alive on 12/25 , 19 51 , and that death occurred at 7:30 Pm. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) FR Bradley M.D. | | | | 23b. ADDRESS BARNES HOSPITAL | | | | 23c. DATE SIGNED 12/26/51 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 12/26/51 | | 24c. NAME OF CEMETERY OR CREMATORY St Johns | | 24d. LOCATION (City, town, or county) (State). Piopolis, Ill. | | | | | |
| DATE REC'D BY LOCAL REG. DEC 26 1951 | | REGISTRAR'S SIGNATURE Robert J. Ambruster, Inc | | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert J. Ambruster, Inc 6633 Clayton | | | | | |

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Ernest W. Spillers

Licensed Embalmer No. *4080*

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.