S. No. 300
v. 10-48

FILED DEC 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43490

BIRTH NO. _____ REG. DIST. NO. 3017 PRIMARY REG. DIST. NO. 3063 Registrar's No. 3971

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLAYTON
c. LENGTH OF STAY (in this place): 2½ MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LOUIS CO - HOSPT.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL BONHOMME TWSHP.
d. STREET ADDRESS (If rural, give location): TOPPING ROAD - KIRKWOOD, MO - R - 13

4686

3. NAME OF DECEASED (Type or Print): a. (First) ELEANOR b. (Middle) c. (Last) ESCHENBRENNER

4. DATE OF DEATH: (Month) Dec. (Day) 12 (Year) 1951

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: OCT. 22 - 1910
9. AGE (In years last birthday): 41 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): ST. LOUIS CO. MO.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: EDWARD ESCHENBRENNER
13b. MOTHER'S MAIDEN NAME: EMMA SCHNEBLE
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 498-22-1946
17. INFORMANT'S SIGNATURE OR NAME: EDW. ESCHENBRENNER — ADDRESS: KIRKWOOD, MO - R - 13.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)

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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the cervix of the uterus — INTERVAL BETWEEN ONSET AND DEATH

II. ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

III. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

171X

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-28-, 1951, *to* 12-12-, 1951, *that I last saw the deceased alive on* 12-12-, 1951, *and that death occurred at* 7:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. P. Ernst (Degree or title): M.D.
23b. ADDRESS: 601 S. Brentwood, Clayton 5, Mo.
23c. DATE SIGNED: 12-13-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC-15-1951
24c. NAME OF CEMETERY OR CREMATORY: ST. PAUL'S
24d. LOCATION (City, town, or county): DES PERES, (State): MO

DATE REC'D BY LOCAL REG.: 12-13-51
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: SCHRADER FUNERAL HOME, BALLWIN, MO.

(Licensed Embalmer) (Statement on Reverse Side)

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 Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, 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.