

FILED MAR 5 1952

STANDARD CERTIFICATE OF DEATH

State File No. 6368

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1696

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis OR TOWN St. Louis
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2079
d. STREET ADDRESS (If rural, give location) 5070 Queens Avenue 15

3. NAME OF DECEASED (Type or Print), a. (First) GERTRUDE b. (Middle) A. ESCHBACHER c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year)
Feb 21, 1952

5. SEX Female
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Apr. 20, 1899
9. AGE (In years last birthday) 52 IF UNDER 1 YEAR Months 10 Days 1 IF UNDER 24 HRS. Hours 1 Mts. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Peter Knopp

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE George L. Eschbacher

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. None

17. INFORMANT'S SIGNATURE OR NAME Mr. George L. Eschbacher ADDRESS 5070 Queens

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, asthma, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus
ANTECEDENT CAUSES
DUE TO (b) Pleurisy with Effusion
DUE TO (c) Metastatic Carcinoma of Breast
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Uterus

INTERVAL BETWEEN ONSET AND DEATH
30 min.
3 mos.
?
?

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR 170X

22. I hereby certify that I attended the deceased from Sept. 16, 1949, to Feb. 21, 1952, that I last saw the deceased live on Feb. 21, 1952, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

22a. SIGNATURE Rev. O.M. Gervais (Degree or title) M.D.

23b. ADDRESS 4356 Warne Avenue (7)

23c. DATE SIGNED 2-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Feb 25, 1952

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. FEB 23 1952

REGISTRAR'S SIGNATURE J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 4746 Bromschwig and Son W Florissant

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Ed W Wilkinson

Licensed Embalmer No. 3575

P. O. Address Polaris 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.