

FILED JUL 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21557

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 541	Registrar's No. 1456
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>D.O.A.</u>		c. CITY OR TOWN <u>St. Louis</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <u>St. Louis County Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>2023a E. Grand Avenue</u> 2059		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>R</u> c. (Last) <u>Van Esler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 20 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 17, 1928</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		9. AGE (In years last birthday) <u>26</u> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William F. Van Esler</u>		13b. MOTHER'S MAIDEN NAME <u>Mamie Stein</u>		14. NAME OF HUSBAND OR WIFE <u>Never Married</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Korean War</u>		16. SOCIAL SECURITY NO. <u>495-28-3823</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Van Esler, 2023a E. Grand Avenue</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia by drowning- while wading</u> <u>In the Meramec River near Highway 66 east of Pacific, Mo. when he got into deep water and could not swim. Body was re-</u> DUE TO (b) <u>Pacific, Mo.</u> DUE TO (c) <u>covered by Police Chief Van House of Pacific, Mo.</u> II. OTHER SIGNIFICANT CONDITIONS <u>Pacific, Mo.</u> 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Meramec River</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>E. of Pacific St. Louis 4 Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6/20/54 .6 P.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Drowned when he stepped into deep water in the Meramec River while wading.</u>
22. I hereby certify that I attended the deceased from <u>1:30 P</u> <u>alive on</u> <u>19</u> , and that death occurred at <u>1:30 P</u> <u>m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Arnold J. Willmann</u>		23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>6/22/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 24, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Missouri</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann &amp; Son, Inc., 2161 E. Fair Avenue</u>		
DATE REC'D BY LOCAL REG. <u>6/22/54</u>		REGISTRAR'S SIGNATURE <u>Heather B. Stankiewicz</u>		ADDRESS <u>Math Hermann &amp; Son, Inc., 2161 E. Fair Avenue</u>

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 26 1954

**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.....  
Signature of Student Embalmer

Signed *Clement M. Gray*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

**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 embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.  
If this body is not embalmed, fact should be so stated above.