

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 26 1956

State File No. 10679

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2049

|  |  |   |                |   |                     |   |  |   |  |                                     |  |                            |  |
|--|--|---|----------------|---|---------------------|---|--|---|--|-------------------------------------|--|----------------------------|--|
| BIRTH NO. _____  |  | REG. DIST. NO. 318  |                | PRIMARY REG. DIST. NO. 1003   |                     | Registrar's No. 2049  |  |   |  |                                     |  |                            |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |   |                | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY St. Louis |                     |   |  |   |  |                                     |  |                            |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis   |  | c. LENGTH OF STAY (In this place) 6 wks, 1 day  |                | c. CITY OR TOWN Webster Groves / 4607   |                     | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |   |  |                                     |  |                            |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital   |  |   |                | e. STREET ADDRESS (If rural, give location) 310 Honeysuckle Lane  |                     |   |  |   |  |                                     |  |                            |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) Amanda   |  |   | b. (Middle) O. |   | c. (Last) Essmueler |   | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 24 1956 |   |  |                                     |  |                            |  |
| 5. SEX F   |  | 6. COLOR OR RACE W  |                | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed  |                     | 8. DATE OF BIRTH Nov. 20, 1878  |  | 9. AGE (In years last birthday) 77  |  | IF UNDER 1 YEAR Months Days         |  | IF UNDER 2 HRS. Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife  |  |   |                | 10b. KIND OF BUSINESS OR INDUSTRY At home   |                     | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.   |  |   |  | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |  |                            |  |
| 13a. FATHER'S NAME Henry M. Schisler   |  |   |                | 13b. MOTHER'S MAIDEN NAME Caroline Koenig   |                     |   |  | 14. NAME OF HUSBAND OR WIFE William C. Essmueler                                |  |                                     |  |                            |  |
| 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. No  |                     | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur F. Essmueler 310 Honeysuckle La.   |  |   |  |                                     |  |                            |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronitis of the Liver<br><br>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |                |   |                     |   |  | INTERVAL BETWEEN ONSET AND DEATH 10 1/2   |  |                                     |  |                            |  |
|  |  | 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Myocardial Heart Disease<br><br>DUE TO (c) _____   |                |   |                     |   |  | 10 1/2  |  |                                     |  |                            |  |
| 19a. DATE OF OPERATION 0   |  | 19b. MAJOR FINDINGS OF OPERATION 581.0  |                |   |                     |   |  | 20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |                                     |  |                            |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) 0   |  | 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                | 21f. HOW DID INJURY OCCUR   |                     |   |  |   |  |                                     |  |                            |  |
| 22. I hereby certify that I attended the deceased from Jan 14, 1956, to Feb 24, 1956, that I last saw the deceased alive on Feb 24, 1956, and that death occurred at 6 P.M., from the causes and on the date stated above.   |  |   |                |   |                     |   |  |   |  |                                     |  |                            |  |
| 23a. SIGNATURE (Name or title) H. E. Schisler M.D.   |  |   |                |   |                     | 23b. ADDRESS 634 No Grand   |  |   |  | 23c. DATE SIGNED 2/25/56            |  |                            |  |
| 24a. BURIAL, CREMATION, REMOVAL Removal  |  | 24b. DATE Feb. 27, 1956   |                | 24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery   |                     | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.   |  |   |  |                                     |  |                            |  |
| DATE REC'D BY LOCAL REG. FEB 27 1956   |  | REGISTRAR'S SIGNATURE H. E. Schisler M.D.   |                | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hoffmeister Colonial Mortuary 6464 Chippewa St., St. Louis, Mo.                        |                     |   |  |   |  |                                     |  |                            |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Linus C. Hoffmann*.....

Licensed Embalmer No...38

P. O. Address 7814 S. 1st

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.