

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 1 - 1956

State File No. **25492**

BIRTH NO. _____ REG. DIST. NO. **517** PRIMARY REG. DIST. NO. **547** Registrar's No. **1755**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair	
b. CITY Richmond Heights		c. CITY OR TOWN East St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 14 weeks		e. STREET ADDRESS (If rural, give location) 4106 State St. 81208	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Dorcy	b. (Middle)	c. (Last) Eswein	4. DATE OF DEATH (Month) (Day) (Year) July 20, 1956
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Oct. 2, 1898	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 8 Days 18	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt. of Personnel	10b. KIND OF BUSINESS OR INDUSTRY Granite City Eng. Depot	11. BIRTHPLACE (City and State or Foreign Country) Johnson City, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME David Jent	13b. MOTHER'S MAIDEN NAME Sarah Kelley	14. NAME OF HUSBAND OR WIFE Ambrose J. Eswein
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Robert Eswein, Omaha, Neb.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of Breast		
	DUE TO (c) 		
II. 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **5/7**, 19**55**, to **7/20**, 19**56** that I last saw the deceased alive on **7/20/56**, 19**56**, and that death occurred at **7:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Walter B. Broude, M.D.	(Degree or title) 	23b. ADDRESS 4660 Maywood	23c. DATE SIGNED 7/20/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 24, 1956	24c. NAME OF CEMETERY OR CREMATORY Valhalla Burial Park	24d. LOCATION (City, town, or county) (State) Bellefonte, Ill.
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DATE REC'D BY LOCAL REG. 7-27-56	REGISTRAR'S SIGNATURE Herbert R. Romberg	25. FUNERAL DIRECTOR'S SIGNATURE Arthur W. Kurrus	ADDRESS East St. Louis, Ill. Kurrus Funeral Home
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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. 3160 working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
W. H. Murray

Licensed Embalmer No. 3160

P. O. Address P. 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.