

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35472
State File No. 9022
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4506 Alice Ave.		e. STREET ADDRESS (If rural, give location) 4506 Alice Ave.	

3. NAME OF DECEASED (Type or Print) BERNARD	a. (First) b. (Middle) W.?	c. (Last) ESCHBACHER	4. DATE OF DEATH (Month) (Day) (Year) Sept. 30, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 26, 1897	9. AGE (In years last birthday) 59	10. UNDER 1 YEAR Months	11. UNDER 1 Wks. Days	12. UNDER 1 Hrs. Hours	13. UNDER 1 Mins. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Casting Buyer	10b. KIND OF BUSINESS OR INDUSTRY Electric	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joseph Eschbacher	13b. MOTHER'S MAIDEN NAME Louise Brey	14. NAME OF HUSBAND OR WIFE Irene Eschbacher
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 490-05-0588	17. INFORMANT'S SIGNATURE OR NAME Irene Eschbacher	ADDRESS 4506 Alice Ave.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lining		6 mos.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of colon DUE TO (c)		17 mos.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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 Apr. 30, 1956, to Sept. 30, 1956, that I last saw the deceased alive on Sept. 30, 1956, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE Arthur Sundler M.D.	(Degree or title)	23b. ADDRESS 2202 University St.	23c. DATE SIGNED 10/1/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/3/56	24c. NAME OF CEMETERY OR CREMATORY Galvary Cemetery	24d. LOCATION (City/Town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. OCT 2 1956	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE W. A. Stock	ADDRESS 2117 E. Grand Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Arthur Gundlach.
2202 University Str.
CE 1-3995

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 *Paul A. Wachter*.....

Licensed Embalmer No. *478*.....

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.