

FILED OCT 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH37394
STATE FILE NUMBER 9868

Registration District No. 318 Primary Registration District 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes# No 0	c. CITY OR TOWN St. Louis		Inside Limits Yes# No 0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4523 Blair Avenue		Length of stay in lb 2 1/2 years		d. STREET ADDRESS 4523 Blair Ave (7)		Reside on Farm Yes 0 No #	
3. NAME OF DECEASED (Type or print) First Middle Last BETTY J. ESSMAN				4. DATE OF DEATH Month Day Year Oct. 21 1957			
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 17, 1924	9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder		10b. KIND OF BUSINESS OR INDUSTRY Bussmann Fuse CO		11. BIRTHPLACE (City and state or country) St. Louis, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Joseph Mueller				14. MOTHER'S MAIDEN NAME Velma Rutledge			
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. 487-26-3535		17. INFORMANT Address Mr. Charles G. Essman 4523 Blair Ave.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of liver (Metastatic)</u> DUE TO (b) <u>Carcinoma of RT Breast</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 170x						INTERVAL BETWEEN ONSET AND DEATH May 1957	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>1942</u> to <u>10-2-57</u> and last saw her/him alive on <u>10-14-57</u> Death occurred at <u>4:10A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Haklein md.</u> (Degree or title)				22b. ADDRESS <u>5074 N Union Blvd</u>		22c. DATE SIGNED <u>10-21-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-23-57	23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County MO.		
24. FUNERAL DIRECTOR SUEIMYER & SON'S 3934 N. 20th Street			25. DATE RECD. BY LOCAL REG. OCT 22 '57		26. REGISTRAR'S SIGNATURE <u>Paul Smith MD</u> M.D.		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

5. 300
1-56Health,
& Welfare
Public
Service

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 *John C. Selby*

Licensed Embalmer No. 409

P. O. Address *St. Louis,*

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.