

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027699
STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2068

300
1-57

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <input type="checkbox"/> a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KIRKWOOD</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>DUVALAND 426X</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSPITAL</u>		Length of stay in lb <u>4 DAYS</u>	d. STREET ADDRESS (If outside, give location) <u>2432 GOTHLAND</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>LOUIS EDWARD ESCHENBRENNER</u>			4. DATE OF DEATH Month Day Year <u>8-5-58</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>NOV 15 1882</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED EMPLOYEE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. POSTAL SERVICE</u>	11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, COUNTY MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY ESCHENBRENNER</u>		13b. MOTHER'S MAIDEN NAME <u>BARBARA KROPP</u>		14. NAME OF HUSBAND OR WIFE <u>MARTHA ESCHENBRENNER</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>UNK.</u>		17. INFORMANT Address <u>MARTHA ESCHENBRENNER 2432 GOTHLAND, AVE, DUVALAND, MO</u>	

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>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4:00</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 a.m. Month, Day, Year p.m.		
20d. INJURY OCCURRED WHILE AT <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 8/1/58 to 8/5/58 and last saw ^{her}/_{him} alive on 8/5/58
Death occurred at 10 P m of the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Frank Kutanyan MD</u>	22b. ADDRESS <u>3332. Hubwood Road Kirkwood, Mo</u>	22c. DATE SIGNED <u>8/8/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8-9-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>RAM LAWN</u>	23d. LOCATION (City, town, or county) (State) <u>SALLAS & CLAYTON RD ST. LOUIS COUNTY MISSOURI</u>
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24. FUNERAL DIRECTOR <u>EARL HILLMAN 9709 HACKBAND OVERLAND MO.</u>	25. DATE RECD. BY LOCAL REG. <u>8-7-58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert R. Dombke M.D.</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 

Licensed Embalmer No. 2501

P. O. Address Frederick, Md.

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.