

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-030362  
STATE FILE NUMBER  
8077

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Louis</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>38 Pronounced dead at City Hospital</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>4067 Giles Av.</u>

3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle Last <u>Esswein</u>			4. DATE OF DEATH Month <u>August</u> Day <u>18</u> Year <u>1958</u>	
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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>October 12, 1895</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sign Painter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Esswein</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Spinner</u>	14. NAME OF HUSBAND OR WIFE <u>Marie Theresa Esswein</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch or dates of service) <u>Yes W.W.I</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT Address <u>Marie Theresa Esswein 4067 Giles Av.</u>
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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>Old organizing epidural hemorrhage with cerebral infarction, with acute basal subarachnoid hemorrhage.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>E901.3</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 (Enter only one condition per line for (a), (b), and (c).) <u>Fell from ladder while repairing tractor engine of the St. Louis Truck Co. at 2100 Chestnut St., on April 6th exact time unknown.</u>		19. AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" 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) <u>Repairing tractor engine of the St. Louis Truck Co. at 2100 Chestnut St., on April 6th exact time unknown.</u>
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20c. TIME OF INJURY Hour <u>4</u> a.m. <u>58</u> p.m. <u>1958</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (a. on or about home, farm, factory street, office bldg., etc.) <u>Truck Co.</u>	20f. CITY, TOWN OR LOCATION, COUNTY STATE <u>St. Louis Mo</u>
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at 1110 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Patrick J. Taylor</u>	22b. ADDRESS <u>1300 Clark</u>	22c. DATE SIGNED <u>8.19.58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>8-19-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Gebken-Benz Mortuary 2842 Meramec</u>	25. DATE RECD. BY LOCAL REG. <u>St AUG. 19 58</u>	26. REGISTRAR'S SIGNATURE <u>J. Carl Smith, MD</u>
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St. Louis, 18 Missouri (Licensed Embalmer's Statement on Reverse Side)

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.

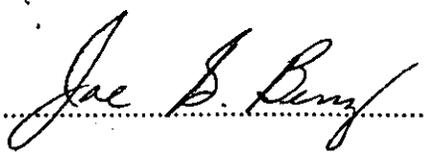
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 .....<sup>me</sup>....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed .....  


Licensed Embalmer No. 4249  
2942 Meramec St.  
P. O. Address St. Louis, 18 Miss

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.