Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042745
STATE FILE NUMBER

FILED NOV 24 1958 Registration District No. 317 Primary Registration District No. 590 Registrar's No. 3011

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pine Lawn — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Good Counsel Home — Length of stay in 1b 5¾ Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Pine Lawn 4160 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 6825 Nat. Bridge — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First LOUISE Middle Last ESCHBACHER

4. DATE OF DEATH Month Nov. Day 17 Year 1958

5. SEX female
6. COLOR OR RACE white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH June 12, 1867
9. AGE (In years last birthday) 91 — IF UNDER 1 YEAR Months 5 Days 5 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house work
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and state or country) Mascoutah, Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Damascus Brey
13b. MOTHER'S MAIDEN NAME Cresentia Schlegel
14. NAME OF HUSBAND OR WIFE deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Georgr L. Eschbacher Address 5211 Aubert

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary insufficiency — INTERVAL BETWEEN ONSET AND DEATH terminal
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis — unknown
DUE TO (c) 4201
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 [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 1948, to Nov 17, 1958 and last saw her alive on Nov. 17, 1958
Death occurred at 6:05 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W C Massey Jr (Degree or title) MD
22b. ADDRESS 634 No Grand
22c. DATE SIGNED 11/19/58

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE Nov 20 1958
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR Bromschwig & Son/ W Florissant ADDRESS 4746
25. DATE RECD. BY LOCAL REG. 11-19-58
26. REGISTRAR'S SIGNATURE Herbert P. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Elmer R. Sadwell

Licensed Embalmer No. 4077

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.