

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3869**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JEFF.		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in 1b	c. CITY OR TOWN CRYSTAL CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 139 MAPLE ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JOHN P. ESCH			4. DATE OF DEATH Month Day Year APRIL 20, 1961		
5. SEX MALE	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 11-11-19	9. AGE (last birthday) 41	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOREMAN		10b. KIND OF BUSINESS OR INDUSTRY P.P.G.CO.	11. BIRTHPLACE (City and state or country) CRYSTAL CITY, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JOHN ESCH		13b. MOTHER'S MAIDEN NAME SADIE BOYER		14. NAME OF HUSBAND OR WIFE VALLIE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO.	17. INFORMANT Address VALLIE ESCH CRYSTAL CITY, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Hemorrhagic Panencephalitic Neuritis					INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cholelithiasis + Cholecholelithiasis					unknown
DUE TO (c) 584x					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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. p.m. Month, Day, Year					
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 4-18-61 to 4-20-61 and last saw him alive on 4-19-61 Death occurred at 3:40 am m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Eugene T. Drigant, M.D.			22b. ADDRESS University Club Bldg		22c. DATE SIGNED 4-20-61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4-24-61	23c. NAME OF CEMETERY OR CREMATORY Catholic		23d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MO.
24. FUNERAL DIRECTOR GENTRY R. POLITTE CRYSTAL CITY, MO.			25. DATE RECD. BY LOCAL REG. APR 22 1961	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

MAY 11 1961

MAY 12 1961

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 Gentry R. Folsom

Licensed Embalmer No. 3481

P. O. Address Crystal River

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.