SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-019744

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1417

AMENDED

FILED JUN 6 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton
Length of stay in 1b: D.O.A.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis Co. Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Orrville
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): Highway 109
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First John Middle Robert Last Essen
4. DATE OF DEATH: Month May Day 19 Year 1961
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-9-90
9. AGE (last birthday): 70
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): farmer
10b. KIND OF BUSINESS OR INDUSTRY: own farm
11. BIRTHPLACE (City and state or country): St. Louis Co., Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Essen
13b. MOTHER'S MAIDEN NAME: Mary Schott
14. NAME OF HUSBAND OR WIFE: Pauline Essen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.:
17. INFORMANT: Pauline Essen Address: Rt 1, Chesterfiel Mo.

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): Crush injury of skull and brain injury
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Struck by limb while felling tree
20c. TIME OF INJURY: Hour 2:39 p.m. Month, Day, Year 5/19/61
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.): farm
20f. CITY, TOWN, OR LOCATION: Orville COUNTY: St. Louis STATE: Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 3:13 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Raymond H. Ward (Degree or title) Coroner
22b. ADDRESS: Clayton, Mo.
22c. DATE SIGNED: 5/23/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-23-61
23c. NAME OF CEMETERY OR CREMATORY: National Cemetery
23d. LOCATION (City, town, or county) (State): Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR: Schrader Funeral Home ADDRESS: Ballwin, Mo.
25. DATE REC'D. BY LOCAL REG.: 5-22-61
26. REGISTRAR'S SIGNATURE: John C. Murphy Md.

(Licensed Embalmer's Statement on Reverse Side)

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 Richard Popp

Licensed Embalmer No. 4584

P. O. Address Baltimore, 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.