

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

AUG 18 1936

28634

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **2112 Adelaide Ave.**) St. **9** Ward

File No.
Registered No. **7399**
St. Ward

2. FULL NAME **Mary A. Eschbacher**

(a) Residence, No. **2112 A. Adelaide Ave.** St. **9** Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 13, 1865**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
70		11	2	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

13. NAME **George Eschbacher**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Katherine Phaff**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **George Eschbacher**
(ADDRESS) **2112 A. Adelaide**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **July 18th, 1936**

19. UNDERTAKER **Edward Wood**
(ADDRESS) **3516 4th St.**

20. FILE **JUL 16 1936** **J. F. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 14, 1936**

22. I HEREBY CERTIFY that I attended deceased from **July 14, 1936** to **July 14, 1936**
I last saw him alive on **July 14, 1936** Death is said to have occurred on the date stated above, at **1307** m.
The principal cause of death and related causes of importance were as follows:

Heart, Elongation Date of onset **7-14-36**

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) **D. J. Stearns**, M. D.
(Address) **187 S. Madison**

OFFICIAL COPY JULY 1951

SIR W. AGRESTI
George Washington

George Washington
Washington, D. C.

George Washington
George Washington

St. Louis, Mo.

George Washington

NO 11 3

Aug. 13, 1862

George Washington 21st

SIR W. AGRESTI
George Washington

St. Louis, Mo.