

REC'D JAN 11 1939

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

791
1008

41107
Do not use this space.

10799

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... Registered No.....
(c) City St. Louis (d) Street No. 2144 East Prairie Avenue St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 255 NELLIE LEE ESSMAN,

(a) Residence, No. 2144 East Prairie Avenue St. 9 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Essman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28, 1906
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
32 0 16

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

12. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Mo

FATHER 13. NAME Albert DeClue

14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Ida Callahan

16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Mo

17. INFORMANT William Essman
(ADDRESS) 2144 East Prairie Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany DATE Dec. 17, 1938

19. FUNERAL DIRECTOR (NAME) Math. Hermann & Son
(ADDRESS) 2161 East Fair Avenue

20. FILED DEC 15 1938 John Braddock Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14, 1938
22. I HEREBY CERTIFY, That I attended deceased from 9-12 1938, to 11-14 1938
I last saw her alive on Dec 13, 1938. Death is said to have occurred on the date stated above, at 2:15 A. M.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 6 Mo

Other contributory causes of importance: None
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? No
If so, specify.....
(Signed) W. L. Moore, M. D.

(Address) 1326 Franklin

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.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Leonard Hampton

Licensed Embalmer No. *2967*

P. O. Address *2161 E. Fair Rd*

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 this body is not embalmed, above space should be left blank.