

REB MAR 5 1940

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

7125  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Lafayette Registration District No. 457  
 (b) Township or City Concordia Mo. Primary Registration District No. 4271 Registered No. 2  
 (c) Street No. \_\_\_\_\_ (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 Henry Eschoff  
 (a) Residence, No. Concordia Mo. 5 St. 5 (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 Male 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 Meta Eschoff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 1 14

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer  
 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) Coal Camp Mo

FATHER  
 13. NAME Henry Eschoff  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER  
 15. MAIDEN NAME Anna Henrich  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) John E. Kussing  
Concordia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Pauls Cemetery Feb 5 40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. S. James  
Concordia Mo.

20. FILED Feb 5 1940 Hardison Shryman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 1940

22. I HEREBY CERTIFY, That I attended deceased from 11/18/39, 1939, to Feb. 3rd, 1940  
 I last saw him alive on Feb. 3rd, 1940 Death is said to have occurred on the date stated above, at 6:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Hypostatic Pneumonia Date of onset 1/28/40  
Fracture of neck of left femur 1/20/40  
Senility  
 Other contributory causes of importance:  
Partial embolism of the umbilical  
artery  
Premature Systoles  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury 1/20, 1940  
 Where did injury occur? at home got up & fell  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
at home  
 Manner of injury patient got up at night & fell  
 Nature of injury fracture of neck of left femur

24. Was disease or injury in any way related to occupation of deceased? ✓  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. Frederick H. Gaemann, D.O.  
 (Address) Concordia Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X16625

RECEIVED

District Health Officer No. 2

District File Number.....

Date Filed 3/5/40.....

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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed E. S. James  
Licensed Embalmer No. 2058  
P. O. Address Concordia Mo.

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.