

S. No. 2
M-5-42
7-5-17-39
P-1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 23 1942
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

35350

State File No. _____
Registrar's No. 9578

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days
(Specify whether years, months or days)

In this community Unknown

3. (a) PRINT FULL NAME Esely, John

3. (b) If veteran, name war No

3. (c) Social Security No. 493-10-7086

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 22, 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 23
If less than one day hr. min.

9. Birthplace Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation Un-employed for 5 yrs.
Prior, tractor walker for public service

11. Industry or business _____

12. Name John Esely

13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Anna Abegglen

15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Wilkinson

(b) Address 3432a Arsenal Street

17. (a) Burial (b) Date thereof 11 18 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Walter H. ...

(b) Address 3634 Gravois Avenue

19. (a) NOV 17 1942 (b) F. B. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3432a Arsenal St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15
year 1942 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Probably Cerebral Hemorrhage Duration 1 hour

Due to Hypertensive Cerebral Vascular Disease

Due to Post-operative - Ca of Mouth & Metastases 10 days

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Ca of Mouth c. 1/5 metastases

Of operations Operative Wound - Head Not Examined

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____ NO

(b) Date of occurrence _____ NO

(c) Where did injury occur? _____ NO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? NO (Specify type of place) _____
(Specify means of injury)

23. Signature Louis H. ... (M. D. or other) _____
Address Desloge Hosp. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

11-16-42

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.....

Frank J. Hyland

Licensed Embalmer No.

P. O. Address.

*2645
St. Louis, 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, fact should be so stated above.