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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

35092

FILED 21 1946 **STANDARD CERTIFICATE OF DEATH**

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8699**

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
4229a S. 38th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4229a S. 38th St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Oscar O. Eschrich Sr.

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hattie 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased March 1 1878
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 6 If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Henry Eschrich
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Laura Scholl
15. Birthplace Unknown Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Hattie Eschrich
(b) Address 4229a S. 38th St.

17. (a) Burial (b) Date thereof 10/10/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker - Heldele
(b) Address 3634 Gravois Ave.

19. (a) OCT 10 1946 J. F. Bredisch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7
year 1946 hour 9 minute 45P. M.

21. I hereby certify that I attended the deceased from Sept 27 1946 to Oct 7 1946
that I last saw him alive on Oct 7 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 3 hrs.
Due to Chronic Myocarditis Arterial Sclerosis 19 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93% Of autopsy.....
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).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Ralph Thompson (M. D. or other) MD
Address 3606 Gravois St. Louis Mo Date signed 10/8/46

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

205514

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. Phylard*
.....
Licensed Embalmer No. *2675*
P. O. Address *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.