S. No. 2
M—12-45
r. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15048

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4670

1. PLACE OF DEATH:

(a) County

(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: St. Anthony's Hospital 0
(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 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6021 Tennessee 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Elfrieda E. Esswein

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John C. Esswein

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

7. Birth date of deceased November 4, 1900
(Month) (Day) (Year)

8. AGE: Years 46 Months 6 Days 2 If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George Bauer 0
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Ott
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John C. Esswein
(b) Address 6021 Tennessee

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-47
(Month) (Day) (Year)
(c) Place: burial or cremation New SS Peter & Paul

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.

19. (a) MAY 8 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th
year 1947 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from May, 1946 to May 6, 1947
that I last saw her alive on May 6, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis and Acute Dilation of Heart	2
Carcinoma Uterus (operated)	1 year?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Dilation Heart - Brown atrophy Chest metastatic carcinoma wave & medestinal glands
Of autopsy: Congestion Lungs and abdominal viscera

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)

(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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature Robert G. Warner (M. D. or other) MD
Address Paul Brown Bldg Date signed May 7 47

(Licensed Embalmer's Statement on Reverse Side)

JUN - 0 1964

DR. R.G WAGNER
PAUL BROWN BLDG.
CH 4747
TO 1PM.

THUR.
10 30 - 1.30

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 J. Wm Bunkler

Licensed Embalmer No. 3653

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.