S. No. 2
DM—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29019

FILED SEP 2 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7962

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4373 W. Pine - Stone Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One year (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Odd

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

(d) Street No. 4373 W. Pine 9
(If rural, give location)

(e) Citizen of foreign country? 19 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George F. Eschbacher

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M C

5. Color or race W

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 Feb (Month) 2 (Day) 1861 (Year)

8. AGE: Years 86 Months 6 Days 19 If less than one day hr. min.

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

10. Usual occupation Retired Grocer

11. Industry or business

FATHER
12. Name George Eschbacher 4
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Ben Eschbacher

(b) Address 4506 Alice Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 25 1947 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Calvary Cemetery

18. (a) Signature of funeral director Edward Koch

(b) Address 2516 N. 14th

19. (a) AUG 22 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21
year 1947 hour 6 minute — P M.

21. I hereby certify that I attended the deceased from Aug-20, 1947 to Aug 21, 1947
that I last saw him alive on Aug-21, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heat Prostration	3 days
Due to Chronic Myocarditis	3 days
Due to Hypertensive Cardn. Vasc Disease	3 days
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
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)

(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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature A. J. Paemdonck (M. D. or other)

Address 4390 W Pine Pl Date signed 8-22-47

(Licensed Embalmer's Statement on Reverse Side)

JAN 6 1949

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. Ira E. Campbell

Licensed Embalmer No. 3881

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.