

No. 2
-1/47
17-39

14971

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

National Office of Vital Statistics
FILED MAY 15 1948

Registration District No. 377

Primary Registration District No. 4467

State File No. _____

Registrar's No. 1245-

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Valley Park,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 900 Pyramid Dr.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 57 years, (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis,
(c) City or town Valley Park
(If outside city or town limits, write "RURAL")
(d) Street No. 900 Pyramid Dr.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marie Naoma Eshe

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Willis Eshe 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Aug. 10, 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 9 2 hr. min.

Birthplace Pacific, Mo. (1)
(City, town, or county) (State or foreign country)

Usual occupation Housewife

Industry or business Own home,
9. Name Pete Clemons,

13. Birthplace Jenn. (1)
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Fingers,

15. Birthplace Pacific, Mo. (1)
(City, town, or county) (State or foreign country)

(a) Informant Willis Eshe,
(b) Address 900 Pyramid Dr. Valley Park, Mo.

(a) Burial (b) Date thereof 5/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem. Pond, Mo.
18. (a) Signature of funeral Schrader Funeral Home,
(b) Address Ballwin, Mo.

19. (a) 5-14-48 (b) Carl G. Sharpton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th
year 1948 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 1, 1947, to May 12, 1948;
that I last saw her alive on May 12, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of gallbladder and liver, primary in gallbladder

Due to _____
Due to 46 f

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause of 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)

23. Signature B. R. Loring (M. D. or other) (D) med

Address Ballwin, Mo. Date signed 5-13-48

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

CON BY 1948 A.C. STABO
MOTHER FATHER
7-6-48

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 _____

Richard Bopp _____, Registered Apprentice No. 23
working under my personal supervision.

Signed Theo. Schraden _____

Licensed Embalmer No. 3066 _____

P. O. Address Baltimore, 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.

Mrs. Allen,

Due to an error on our part, a mistake has been made in the spelling of the name on the Death Certificate of Annie Naama Eshe who died May 12, 1948 at Valley Park, Missouri and we would like to correct it at this time. On the certificate it is spelled Esche and it should be spelled Eshe.

Hoping this doesn't inconvenience you to any great extent, we remain,

Sincerely,

Schrader Funeral Home

Theo. Schrader

State of Missouri)
County of St. Louis) ss.

On this 29th day of June, 1948 before me personally appeared Theo. Schrader to me known to be the person described in and who executed the foregoing instrument and acknowledged that he executed the same as his free act and deed.

My term expires

March 1, 1950

Jack K. Kellaway
Notary Public

1948
S-14971