

FILED JAN 11 1949 318

Registration District No. 318 Primary Registration District No. 100

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: ALEXIAN BROTHERS U
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 DAYS (Specify whether
In this community 25 YEARS years, months or days)

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. 4039 HARTFORD 16
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CARL H. ESENBERG

3. (b) If veteran, name war NONE 3. (c) Social Security No. 497-05-9667

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARGARET H. ESENBERG 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased JUNE 10 1901 (Month) (Day) (Year)

8. AGE: Years 47 Months 6 Days 16 If less than one day hr. min.

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

10. Usual occupation COLD STORAGE LABORER

11. Industry or business COLD STORAGE PLANT

12. Name CHARLES ESENBERG

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

14. Maiden name BERTHA HECK

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

16. (a) Informant Margaret E. Esenberg

(b) Address ST LOUIS MO.

17. (a) REMOVAL (b) Date thereof 12/26/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TROY ILLINOIS

18. (a) Signature of funeral director Jewel S. Edwards

(b) Address 26 1948 J. B. Lanter

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1948 hour 2 minute 55 M.

21. I hereby certify that I attended the deceased from 1948 to Dec 26 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Colon (Carcinoma) Duration 6 wks

Due to Cancer

Due to H/O

Other conditions (Include pregnancy within 3 months of death)

Major findings: adenocarcinoma of hepatic flexure of colon of autopsy Primary site in hepatic flexure

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?

While at work? (Specify type of place) Means of injury

23. Signature W. H. Wallers M.D. (M. D. or other)

Address 3608 Spraud Date signed 12/26/48

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

MOTHER FATHER

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 *Jewel E. Edwards*

Licensed Embalmer No. *3548 -*

P. O. Address *Tracy Illinois*

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.

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