

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26549**
Registrar's No. **115**

FILED AUG 30 1951

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020**

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

1. PLACE OF DEATH a. COUNTY Franklin. 0362		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY Franklin.	
b. CITY (If outside corporate limits, write RURAL and give township) Washington.		c. CITY (If outside corporate limits, write RURAL and give township) Washington. 0362	
c. LENGTH OF STAY (in this place) 84 yrs.		d. STREET ADDRESS (If rural, give location) 812 W. Front St. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 812 W. Front St.			

3. NAME OF DECEASED (Type or Print) a. (First) Veronica	b. (Middle)	c. (Last) Esslinger	4. DATE OF DEATH (Month) (Day) (Year) Aug. 18th, 1951.
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed L	8. DATE OF BIRTH Dec. 26th, 1866.	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 7 Days 22	IF UNDER 24 HRS. Hours 22 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework.	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Washington, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Phillip Miller.	13b. MOTHER'S MAIDEN NAME Helen Sauer.	14. NAME OF HUSBAND (If deceased) Louis Esslinger.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) X	17. INFORMANT'S SIGNATURE OR NAME Mrs. John H. Shipley	ADDRESS Washington, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 13, 1951** to **Aug 20, 1951** that I last saw the deceased alive on **Aug 20, 1951**, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE J.P. Pitzer, M.D. (Degree or title)	23b. ADDRESS Washington, Mo.	23c. DATE SIGNED 8/20/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 21, 1951.	24c. NAME OF CEMETERY OR CREMATORY St. Francis Borgia Cemetery,	24d. LOCATION (City, town, or county) (State) Washington, Mo.
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DATE REC'D BY LOCAL REG. Aug 20, 1951	REGISTRAR'S SIGNATURE 94	25. FUNERAL DIRECTOR'S SIGNATURE Wielburg & Witt, Inc.	ADDRESS Washington, Mo.
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File No.
DISTRICT HEALTH OFFICE No. 4

AUG 27 1951

RECEIVED

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Lester H. Velt*

Licensed Embalmer No. *3254*

P. O. Address *Washington, 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.