

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH MO. FILED MAR 23 1954		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 544	Registrar's No. 615
1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton, Mo.		c. LENGTH OF STAY (in this place) 7 Yrs.		
d. FULL NAME OF HOSPITAL OR INSTITUTION 6300 Southwood		d. STREET ADDRESS (If rural, give location) 6300 Southwood		
3. NAME OF DECEASED (Type or Print) a. (First) Manuel		b. (Middle)		c. (Last) Esserman
4. DATE OF DEATH (Month) (Day) (Year) March 9, 1954				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 15, 1869	9. AGE (In years last birthday) 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired (FINANCER)		10b. KIND OF BUSINESS OR INDUSTRY Auto Finance	11. BIRTHPLACE (City and State or Foreign Country) Sweden	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Elias Esserman		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Jennie Esserman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry Esserman -55 Ridgmoor Dr.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cat, Schistoma HT. Div. 1540.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153X		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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)		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 Dec. 1937 to 3/9, 1954 , that I last saw the deceased alive on 3/9, 1954 , and that death occurred at 4 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Arthur S. Strickland M.D.		23b. ADDRESS 539 N. Grand,		23c. DATE SIGNED 3/10/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 11-54	24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE RECD BY LOCAL REG. 3/10/54	REGISTRAR'S SIGNATURE Heather R. Tomkema	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Rindskopf Inc. 5216 Delmar Bl.		

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

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

John Kettler

Licensed Embalmer No. 3880

P. O. Address _____

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.