

STANDARD CERTIFICATE OF DEATH

State File No. **24508**
6645

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St Louis)		a. STATE Mo.	b. COUNTY St. Louis
c. LENGTH OF STAY (In this place) 10 days		c. CITY OR TOWN Newburg	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) Gen. Delivery		0810	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Charles	b. (Middle) Eschenfeld	c. (Last) alias Calvin	(Month) July (Day) 16 (Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, 2 DIVORCED, 2 WIDOWED, 2 (Specify)	8. DATE OF BIRTH May 12-1875
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 2 Days 4	IF UNDER 4 HRS. Hours 4 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (City and State or Foreign Country) Oklahoma
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Chas. Eschenfeld	13b. MOTHER'S MAIDEN NAME Anna Schaefer	14. NAME OF HUSBAND OR WIFE Divorced
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Jennings ADDRESS Mrs A. Brockhan 8805 Orchard

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Peritonitis caused by broken down cancer DUE TO (c) Tumor of Bladder		
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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 181X

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **150A** m., from the causes and on the date stated above.

23a. SIGNATURE Joseph M. [Signature]	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 7/19/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-19-1954	24c. NAME OF CEMETERY OR CREMATORY St Matthews Cemetery
24d. LOCATION (City, town, or county) (State) St Louis Mo.		

DATE REC'D BY LOCAL REG. JUL 19 1954	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE W. H. [Signature] ADDRESS St. Louis, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *W E Morris*.....

Licensed Embalmer No. *3316*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.