

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041522  
STATE FILE NUMBER

FILED NOV 18 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9978

300  
1-57

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|  |                              |   |  |
|--|------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>ST. LOUIS</b>  |                              | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MO</b> b. COUNTY <b>ST. LOUIS</b>                      |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>ST. LOUIS</b>  |                              | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>BRENTWOOD 45110</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>6490- OAKLAND</b>  |                              | Length of stay in 1b<br><b>10 min</b>   | d. STREET ADDRESS (If outside, give location)<br><b>2512 CECELIA (CECKIA)</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><b>HARRY EUGENE ESSMA</b>   |                              |   | 4. DATE OF DEATH<br>Month Day Year<br><b>10-17-1958</b>  |
| 5. SEX<br><b>M</b>   | 6. COLOR OR RACE<br><b>W</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>11-27-1910</b>  |
| 9. AGE (In years) (If under 1 year, give birthday)<br><b>47</b>  |                              | IF UNDER 1 YEAR<br>Months Days Hours Min.   | IF UNDER 24 HRS.<br>Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>SEWER STATION MANAGER</b>  |                              | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>SEARS</b>   | 11. BIRTHPLACE (City and state or country)<br><b>FREEBURG MO</b>   |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A</b>   |                              | 13a. FATHER'S NAME<br><b>JOSEPH-ESSMA</b>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>THERESA-SASSIN</b>   |                              | 14. NAME OF HUSBAND OR WIFE<br><b>AMY-ESSMA</b>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>   |                              | 16. SOCIAL SECURITY NO.<br><b>492-09-4333</b>   | 17. INFORMANT Address<br><b>AMY-ESSMA-2512 CECELIA-BRENTWOOD</b>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>ACUTE MYOCARDIAL INFARCTION</b><br>DUE TO (b) <b>ARTERIOSCLEROTIC HEART DISEASE</b><br>DUE TO (c) _____<br>CONDITIONS (if any) which sets the above cause (a) starting the terminal cause (a).<br><b>3 years</b> |                              |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>10 MINUTES</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>420.0</b>  |                              |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>  |                              | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.  |                              |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                              | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |
| 21. I attended the deceased from <b>SEPT 2, 1958</b> to <b>10/17/58</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>9/11/58</b><br>Death occurred at <b>10:50 p</b> m on the date stated above, and to the best of my knowledge, from the causes stated.  |                              |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>William N. Blalock, M.D.</b>  |                              | 22b. ADDRESS <b>St. Louis Mo 114 N. Taylor Ave</b>  | 22c. DATE SIGNED<br><b>10/17/58</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>REMOVAL</b>  | 23b. DATE<br><b>10-21-58</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>RESSURRECTION CEM.</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>ST. LOUIS Co. - MO.</b>  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>JAY B. SMITH - Maplewood 17 Mo</b>  |                              | 25. DATE RECD. BY LOCAL REG.<br><b>OCT 20 '58</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Carl Smith MO</b><br><b>mdb</b>  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *J. Allen Davis* .....

Licensed Embalmer No. *4053* .....

P. O. Address *ATL* .....

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.