

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019723

STATE FILE NUMBER

3888

FILED MAY 22 1959

Registration District No.

Primary Registration District No.

Registrar

Health,
Welfare
Public
Service

300
-57
3
0

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		Length of stay in lb 5-wks.	d. STREET ADDRESS (If outside, give location) 4089 Fillmore
3. NAME OF DECEASED (Type or print) First Barbara Middle VanEsler Last		4. DATE OF DEATH Month Apr. Day 18, Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 25, 1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeping		10b. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 86
11. BIRTHPLACE (City and state or country) Steelville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Keith		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE John W. VanEsler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Alois Brandt - 4089 Fillmore
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SECONDARY INFECTION - SEPSIS - RT THIGH CONDITIONS, IF ANY, WHICH GAVE RISE TO (a) INTERTROCANTERIC FRACTURE RT FEMUR DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE DUE TO (c) HYDROTHORAX			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 WEEKS 33 DAYS YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) E904.0-21			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell at home uponing rt hip	
20c. TIME OF INJURY Hour 3 Month 16 Day 59 a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) 013 Home		20f. CITY, TOWN, OR LOCATION St. Louis	
21. I attended the deceased from 3/16/59 to 4/18/59 and last saw him/her alive on 4/18/59 Death occurred at 7:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Milton L. Leibel MD	
22b. ADDRESS 100 N. Euclid, St. Louis		22c. DATE SIGNED 4/20/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Apr. 22, 1959	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
23d. LOCATION (City, town, or county) St. Louis County, Missouri		23e. STATE	
24. FUNERAL DIRECTOR WACKER-HELDERLE-3634 Gravois Ave.		25. DATE RECD. BY LOCAL REG. APR 20 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Richard J. Kriskin
Licensed Embalmer No. 3497
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.