

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 19 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

43399

1. PLACE OF DEATH  
 County St. Louis Registration District No. 1170  
 Township Jefferson Primary Registration District No. 6248-H.  
 City Richmond Heights (No. St Mary Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Estelle E. Stephens  
 (a) Residence, No. 4544 N. Kingshighway St. Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bernard Stephens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17 - 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
28 2 6

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

MOTHER FATHER  
 13. NAME John G. Steinlage  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis  
 15. MAIDEN NAME E. Nykoff  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

17. INFORMANT Bernard Stephens  
 (ADDRESS) 4544 N. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Calvary DATE Nov 30 1936

19. UNDERTAKER Bronzburgh Ind Co  
 (ADDRESS) 474 N. Florissant Ave

20. FILED NOV 28 1936 Saw J. Russell, M.D.  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 29 36, 19\_\_\_\_, to Nov 27 1936, 19\_\_\_\_  
 I last saw her alive on Nov 27 1936, 19\_\_\_\_ Death is said to have occurred on the date stated above, at 5:00 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary embolism with acute pulmonary edema Date of onset 11-25-36  
acute Cardiac Dilatation  
 Other contributory causes of importance:  
Parturient Distress  
Nov 25 36

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? 140 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Richard \_\_\_\_\_, M. D.  
 (Address) Carlton Rd

Bromschwig Und't.Co.  
4740 W. Florissant