

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

16730  
Do not use this space.

REC'D JUN 9 1938

3  
1  
791  
1003

1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City St. Louis..... (d) Street No. Enroute City Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **4591**

2. PRINT FULL NAME Charles O. Estel 234

(a) Residence, No. 5037a Chippewa St. 14  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1879  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
59 2 11  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Artist  
9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

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

FATHER 13. NAME John M. Estel  
14. BIRTHPLACE (CITY OR TOWN) Dresden  
(STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Caroline Vetter  
16. BIRTHPLACE (CITY OR TOWN) Baden  
(STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Samuel M. Estel  
5037a Chippewa St.

18. ~~BOOKED~~ CREMATION, OR REBURY in  
PLACES Missouri Crematory 5/21.38

19. FUNERAL DIRECTOR (ADDRESS) W. V. McLaughlin  
2301 Lafayette Avenue

20. FILE NO. MAY 19 1938 J. P. Bradley  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/19/38

22. I HEREBY CERTIFY, That I attended deceased from  
....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Laceration of left wrist and neck (that was self-inflicted, with razor at his home 5037a Chippewa St. about 6:15 A.M. May 19-1938)  
Suicide

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? Suicide Date of injury 5/19/38

Where did injury occur? St. Louis, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury.....  
Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Alfred J. Perry M. D.  
(Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I, L.R. Cooper Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed L.R. Cooper

Licensed Embalmer No. 3633

**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.)**