

No. 2
4-13-40
-17-39
X23159

791

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 9223

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of town)
(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street number and location) 306 S
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 50 yrs
years, months or days

3. (a) PRINT FULL NAME Allie Estelle

3..(b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Copord 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John Estelle 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased (Month) 6 (Day) 11 (Year) 1887

8. AGE: Years 53 Months 4 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Liberty Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Robert Richardson

13. Birthplace Liberty Mo. (City, town, or county) (State or foreign country)

14. Maiden name Caroline Miranda

15. Birthplace Carvan Ky (City, town, or county) (State or foreign country)

16. (a) Informant Marion Bentley

(b) Address 3232 N. Rutger

17. (a) Buried (b) Date thereof 11-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Gus Lore

(b) Address 2930 Dickson St.

19. (a) NOV 9 1940 (b) J. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St Louis 18
(If outside city or town limits, write "RURAL")
(d) Street No. 3232 Rutger
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6
year 1940 hour 7:20 minute _____ A.M.

21. I hereby certify that I attended the deceased from Nov 4, 1940 to Nov 6, 1940;

that I last saw her alive on Nov 6, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 5d&e

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Edell W. Tuttle (M. D. or other) _____

Address 2501 N Whittier Date signed 11-7-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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, ~~and~~.....

..... Registered Apprentice No.

working under my personal supervision.

Signed.....

C. L. Howard

Licensed Embalmer No.

2452

P. O. Address.....

2820 Hickson

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 this body is not embalmed, fact should be so stated above.