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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15786

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 893

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jennings (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: E/M Convalescent Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 4246 McPherson Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Estellar Durnil

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 7- (Month) 11- (Day) 1880- (Year)

8. AGE: Years 60 Months 9 Days 14 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Milton Andrews
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Elizabeth Unknown
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Dewey Durnil

(b) Address 658 No Forest, Webster Groves

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Sullivan Bros

(b) Address 2849 No Euclid Ave

19. (a) APR 27 1941 (Date received local registrar) (b) W. R. Meyer M.D. Dr. P.H. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th year 1941 hour 9 minute 40 A. M.

21. I hereby certify that I attended the deceased from April 19, 1941, to April 25, 1941; that I last saw her alive on April 24, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio Vascular Renal Disease	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

131 a

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. B. Hauck M.D. (M. D. or other)

Address 7553 Ellis Ave. Date signed Apr 27 1941

(Licensed Embalmer's Statement on Reverse Side)

7553 Ellis Ave
Maplewood Mo
Highland 0530

Elm Convalescent Home
2520 McLaren
Mu 2254

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.