U. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 17 1946

State File No. 272
44

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or Institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike
(c) City or town Louisiana
(If outside city or town limits, write "RURAL")
(d) Street No. 421 N. 5th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) N.R.
If yes, name country

3. (a) PRINT FULL NAME Chester Watson Estes
3. (b) If veteran, name war Sp.-Amer.
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fay Allen Estes
6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased April (Month) 5 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
65	8	27	hr. min.

9. Birthplace Louisiana (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Railway Mail Clerk
11. Industry or business
FATHER 12. Name James A. Estes
13. Birthplace Louisville (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Mary Riggs
15. Birthplace Shelby County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Fay Estes
(b) Address Louisiana, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-46 (Month) (Day) (Year)
(c) Place: burial or cremation Louisiana, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JAN 3 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2 year 1946 hour 9 minute 25 a. M.
21. I hereby certify that I attended the deceased from Nov. 5, 1945, to Jan. 2, 1946; that I last saw h. alive on Jan 1, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis, Chr. Degenerative	—
Due to Coronary arteriosclerosis	9 yrs.
Due to	
Other conditions Senile arteriosclerosis	

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

23. Signature Hiram L. Leggett (M. D. or other) M.D.
Address 3720 Washington Blvd. Date signed 1/3/46.

(Licensed Embalmer's Statement on Reverse Side)

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

2481

MAR 18 1946

APR 26 1946

JAN 16 1946

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 John Ogonoski

Licensed Embalmer No. 3398

P. O. Address.....

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.