. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40309 11297

FILED DEC 15 1947 318

Local Registration District No. ..... 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: DePaul 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 Mo. (b) County ooo
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4444 Wallace Ave. 9
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME ESTELLE L. WALSER

3. (b) If veteran, name war None

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Frank

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June (Month) 14 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
56	5	23	..... hr. ..... min.

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

10. Usual occupation Stenographer

11. Industry or business North & Judd Mfg. Co.

MOTHER FATHER

12. Name John Smith

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

14. Maiden name Rose Niemann

15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Betty Herd
(b) Address 5332 CoteBrilliante

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Und.Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) DEC 8 - 1947 (Date received local registrar) J. F. Brueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7 year 1947 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from May 14, 1947, to Dec 7, 1947, that I last saw her alive on Dec 6, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Edema, Lung congested, Failure	24 hrs
Due to: Generalized Carcinomatosis	6 mos +
Due to: Carcinoma Cachexia	
Other conditions: Ca Plastic anemia (Include pregnancy within 3 months of death)	

Major findings: Ca of operation Ca of mucous glands
Primary site in Sigmoid
Of autopsy .....

PHYSICIAN — Underline the cause of 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 Eugene R. Miller M.D. (M. D. or other)
Address 4968 Delmar Date signed 12/8/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

4968 - Delmar 1 x 30 - x 20

AUG 15 1951

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 Edwin D. McDermott

Licensed Embalmer No. 3024

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.