

FILED JUL 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24768

No. 300

10-48

#97314

State File No. \_\_\_\_\_

Registrar's No. **6111**

BIRTH NO. _____		REG. DIST. NO. <b>310</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. _____		Registrar's No. <b>6111</b>			
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).						
a. COUNTY					a. STATE <b>Missouri</b> b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis, Mo.</b> )			c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			075			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1.</b>					d. STREET ADDRESS (If rural, give location) <b>25- 218 N. 4th St.,</b>						
3. NAME OF DECEASED (Type or Print)			a. (First) <b>DAVID</b>		b. (Middle) _____		c. (Last) <b>ESTES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 21st, 1949</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>June 10, 1868</b>		9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>O.A.A.</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Cottelesville, N.C.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13a. FATHER'S NAME <b>Joseph Estes</b>				13b. MOTHER'S MAIDEN NAME <b>Caroline Moore</b>			14. NAME OF HUSBAND OR WIFE <b>None</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>Span. Amer.</b>				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Jesse Estes, Manhattan, Kansas.</b> ADDRESS _____					
18. CAUSE OF DEATH											
Enter only one cause per line for (a), (b), and (c)											
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.											
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar pneumonia</b>											
ANTECEDENT CAUSES											
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.											
DUE TO (b) _____											
DUE TO (c) _____											
II. OTHER SIGNIFICANT CONDITIONS											
Conditions contributing to the death but not related to the disease or condition causing death. <b>Arterio sclerotic heart disease</b>											
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>108</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR <b>APOX</b>					
22. I hereby certify that I attended the deceased from <b>5/6/49</b> , 19____, to <b>5/21/49</b> , 19____, that I last saw the deceased alive on <b>5/21/49</b> , 19____, and that death occurred at <b>9:25am</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>E. W. Gibirski, M.D.</b> (Degree or title)						23b. ADDRESS <b>1515 Lafayette Ave.,</b>			23c. DATE SIGNED <b>5/21/49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			24b. DATE <b>7-14-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>			24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>J. B. Luster</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe,</b>			ADDRESS <b>4700 Washington Blvd</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed No Embal

Licensed Embalmer No. ....

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.