

FILED OCT 23 1953

STANDARD CERTIFICATE OF DEATH

State File No. 37632

9512

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>4 DAYS</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FIRMEN DEBARGE</u>				e. STREET ADDRESS (If rural, give location) <u>15 4316 GRACE</u>		<u>2159</u>			
3. NAME OF DECEASED (Type or Print) <u>Estelle</u>			a. (First)		b. (Middle)		c. (Last) <u>STOUT</u>		
4. DATE OF DEATH <u>Oct. 3 1953</u>		(Month) (Day) (Year)		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>			
7. MARRIED (NEVER MARRIED) <u>WIDOWED. DIVORCED</u>		8. DATE OF BIRTH <u>SEPT. 9-1883</u>		9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____ Days _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED SECURITY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Metal Products Mfg</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ALBENTOWN Penn</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>Salon Stout</u>			13b. MOTHER'S MAIDEN NAME <u>AMANDA BECKER</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>489-03-3640</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. M. Butler</u> ADDRESS <u>3939 Hartford</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypoglycemic Coma</u>				DUPLICATE OF (b) <u>Diabetes Mellitus</u>				96 hours	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUPLICATE OF (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Atherosclerosis of Coronary Arteries</u>									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" 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) _____	
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? <u>260X</u>					
22. I hereby certify that I attended the deceased from <u>9-29</u> , 19 <u>53</u> , to <u>10-3</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10-3</u> , 19 <u>53</u> , and that death occurred at <u>6:21 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Charles P. Kolars</u>				23b. ADDRESS <u>M.O. DeBorge Hospital</u>		23c. DATE SIGNED <u>10-3-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT 5-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. MARY'S</u>		24d. LOCATION (City, town, or county) <u>St. Louis</u>		(State) <u>MO.</u>	
DATE REC'D BY LOCAL REG. <u>OCT 5 1953</u>		REGISTRAR'S SIGNATURE <u>Charles Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cullen</u>		ADDRESS <u>1411/2 4386 Lindell</u>			

(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.....
Signature of Student Embalmer

Signed *James G. Lamm*.....
Licensed Embalmer No.....
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.