

STANDARD CERTIFICATE OF DEATH

6143

State File No.

1874

BIRTH **FILLED MAR 11 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

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

1. PLACE OF DEATH a. COUNTY Nil			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY ST LOUIS		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. LENGTH OF STAY (in this place) 2 Weeks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBSTER GROVES 4677		d. STREET ADDRESS (If rural, give location) 411 E. SWORN AVE
d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOHNS HOSPITAL					
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) LESLIE c. (Last) ESTES JR			4. DATE OF DEATH (Month) (Day) (Year) 2 27 1954		
5. SEX Male	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 2-13-1954		9. AGE (In years last birthday) IF UNDER 1 YEAR Months 14 IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ST LOUIS Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME CHARLES LESLIE ESTES		13b. MOTHER'S MAIDEN NAME GLADYS KNIGHT		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chas L. Estes 411 E Sworn Webster Groves Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diagnosis Undetermined Cause ANTECEDENT CAUSES Prematurity 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.				INTERVAL BETWEEN ONSET AND DEATH 2 days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 76.45			
22. I hereby certify that I attended the deceased from Feb. 13 1954, to Feb 27 1954, that I last saw the deceased alive on Feb. 27 1954, and that death occurred at 4 a. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Quetta R. Sharp M.D.		23b. ADDRESS 6000 W. Florissant		23c. DATE SIGNED 2/27/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 3/1/54	24c. NAME OF CEMETERY OR CREMATORY Resurrection	24d. LOCATION (City, town, or county) (State) St Louis Co. Mo		
DATE REC'D BY LOCAL REG. MAR 1 1954		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mittelberg Funl Home Webster Groves Mo	

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 Elton M. Remelius.....

Licensed Embalmer No. 4283.....

P. O. Address St. Louis Mo......

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.