

STANDARD CERTIFICATE OF DEATH

State File No. **24509**

BIRTH NO. **92163-53** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5518**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Missouri township)		c. LENGTH OF STAY (in this place) c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis City Hospital		e. STREET ADDRESS (If rural, give location) 3971 Juniata St.	
3. NAME OF DECEASED (Type or Print) a. (First) Gary b. (Middle) James c. (Last) Estes	4. DATE OF DEATH (Month) (Day) (Year) June 19 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12-18-53
9. AGE (In years (not birthday)) 62	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY?
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	

13a. FATHER'S NAME James C. Estes	13b. MOTHER'S MAIDEN NAME Maxine E. Paul	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 Maxine E. Estes
		ADDRESS 3971 Juniata St.

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 24-hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonitis, Pharyngitis		
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.			

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) 492 X
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?

22. I hereby certify that I attended the deceased from **6-18-54**, 19**54**, to **6-19-54**, 19**54**, that I last saw the deceased alive on **6-19-54**, 19**54**, and that death occurred at **2:45 AM**, from the causes and on the date stated above.

23a. SIGNATURE Elizabeth K. Gay	(Degree or title) M.D.	23b. ADDRESS 1515 Lafayette	23c. DATE SIGNED 6-19-54
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 6-21-54	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Co., Missouri

DATE REC'D BY LOCAL REG. JUN 21 1954	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	ADDRESS 4228 S. Kingshighway
--	--	---	--

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 *Richard H. Stovesan*.....

Licensed Embalmer No. *40*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.