

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 21 1957

37395

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar No. 9468

| | | | |
|--|--|--|----------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE - <u>MO</u> b. COUNTY <u>1</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS MO.</u> | | c. CITY OR TOWN <u>St Louis</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSP. #1</u> | | Length of stay in lb <u>#1</u> | |
| 3. NAME OF DECEASED (Type or print) <u>LEWIS</u> | | 4. DATE OF DEATH <u>OCT. 9, 1957</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | |
| 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>3-3-1875</u> | |
| 9. AGE (In years last birthday) <u>82</u> | | IF UNDER 1 YEAR: Months <u>8</u> Days <u>2</u> | |
| 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Photographer</u> | | 11. BIRTHPLACE (City and state or country) <u>Pennsylvania</u> | |
| 13. FATHER'S NAME <u>Lewis Estell</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | |
| 17. INFORMANT <u>M. Estell</u> | | Address <u>5436 Belmont</u> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACUTE PULMONARY EDEMA</u> DUE TO (b) <u>BILATERAL LOWER LOBE BRONCHOPNEUMONIA</u> DUE TO (c) <u>PERNICIOUS ANEMIA</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19. WAS AUTOPSY PERFORMED? <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u> <input type="checkbox"/> | | | <u>2900</u> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY: Hour <u>a. m.</u> Month, Day, Year | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from <u>10/11/57</u> to <u>10/9/57</u> and last saw her alive on <u>10/9/57</u> Death occurred at <u>12:25 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>James M. Martin M.D.</u> | | 22b. ADDRESS <u>1515 LAFAYETTE AVE.</u> | |
| 22c. DATE SIGNED <u>10/9/57</u> | | | |
| 23a. BURIAL, CREMATION, or other disposal <u>Burial</u> | | 23b. DATE <u>10-11-1957</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine</u> | | 23d. LOCATION (City, town, or county) <u>St Louis</u> (State) <u>MO</u> | |
| 24. FUNERAL DIRECTOR <u>A. Kroe</u> ADDRESS <u>2707 N Grand</u> | | 25. DATE RECD. BY LOCAL REG. <u>OCT 10 57</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Carl Smith MO</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Lester A. Dietz*.....

Licensed Embalmer No. *43*

P. O. Address *Shaw*

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.