

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037757
STATE FILE NUMBER

FILED NOV 10 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10163

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, give TOWNSHIP only) OR St. Louis, Mo.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2165 Salisbury		d. STREET ADDRESS (If outside, give location) 2165 Salisbury	
3. NAME OF DECEASED (Type or print) First James Middle E. Last Estelle		4. DATE OF DEATH Month Oct. Day 23 Year 1958	
5. SEX Male <input type="checkbox"/> Female <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH April 23, 1909
9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 Min. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crane Operator		10b. KIND OF BUSINESS OR INDUSTRY Brown Const. Co.	11. BIRTHPLACE (City and state or country) Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME B.F. Estelle	
13b. MOTHER'S MAIDEN NAME Emma Luce		14. NAME OF HUSBAND OR WIFE =	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 348-07-5991	17. INFORMANT Alma Burch
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cirrhosis of liver		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 3 mo.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 581.0		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 _____ a.m. _____ p.m.	
20d. INJURY OCCURRED WHILE AT <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 June 1958 to Oct. 1958 and last saw ^{her} alive on October 23, 1958 Death occurred at 10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Robert M. Lanch, M.D.	
22b. ADDRESS 4952 Maryland		22c. DATE SIGNED OCT 24 '58	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 10-24-58	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
24. FUNERAL DIRECTOR Edw. Koch & Son		ADDRESS 3516 N. 14th St.	25. DATE RECD. BY LOCAL REG. OCT 24 '58
26. REGISTRAR'S SIGNATURE Carl Smith MO		m83	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *John J. Haines*

Licensed Embalmer No. *4102*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.