MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
6738

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis (No. ~~Lebanon Hospital~~ ..... St. ..... Ward)

File No. .....
Registered No. 1968

2. FULL NAME Estella M. Lockhart

(a) Residence. No. Maplewood, Mo. St., 19 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles W. Lockhart

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 11 – 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	32	3	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Chicago
(STATE OR COUNTRY) Ill

PARENTS

10. NAME OF FATHER Charles Radcliff
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Penn
12. MAIDEN NAME OF MOTHER Lena Frohn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ill

14. INFORMANT Charles W. Lockhart.
(Address) 7431 Lyndon Ave Maplewo

15. FILED FEB 27 1927 Max E. Starkoff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 26 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 19 ..... 1927, to Feb 26 ..... 1927, that I last saw h. alive on Feb 26 ..... 1927, and that death occurred, on the date stated above, at 3 P. P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
in the acute form otherwise called Hasty consumption
9 D (duration) — yrs. 2 mos. ..... ds.

CONTRIBUTORY (SECONDARY) an attack of acute intestinal
flu the previous year (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF? .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Dr. ...
(Signed) Faith S. Wolkhuser, M. D.
, 19 (Address) 43 S. Grand & Webster Groves Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Chicago, Ill — DATE OF BURIAL Feb. 28 1927

20. UNDERTAKER Akron Fun Co — ADDRESS 2707 N Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.