JUL 27 1929

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

Do not use this space.

22456

1. PLACE OF DEATH
County St. Louis
Township St. Ferdinand
City S. Kinloch (No. S. Kinloch St. Ward)

Registration District No. 784
Primary Registration District No. 6030

File No.
Registered No.

2. FULL NAME Estella Bernell

(a) Residence. No. S. Kinloch St., 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. 2 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	Col	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-23-29

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	—	—	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) "
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) S. Kinloch
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Marshal Bernell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Monroe
(STATE OR COUNTRY) Miss
12. MAIDEN NAME OF MOTHER Ethel Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ark.

14. INFORMANT Marshal Bernell
(Address) S. Kinloch Mo

15. FILED 6-26-1929 O. N. Schmidt
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-25-1929

17. I HEREBY CERTIFY, That I attended deceased from June 23, 1929, to June 25, 1929, that I last saw he alive on June 24, 1929, and that death occurred, on the date stated above, at 3:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fistulous opening into abdominal canal
157D Paralysis
82D (duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) Paralysis lower limbs
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. C. Stribling, M. D.
6/26, 1929 (Address) S. Kinloch 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 Washington Park Cem
DATE OF BURIAL 6/28 1929.

20. UNDERTAKER Peoples Und
ADDRESS Franklin 3100

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD