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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 17568

Township ..... Primary Registration District No. 1003 Registered No. 4649

City Louis (No. St. Johns Hospital St. ..... Ward)

2. FULL NAME Estelle Roland

(a) Residence. No. 6827 Marquette St., 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Homer M. Roland

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 16-1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	40	3	22	

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) Louis
(STATE OR COUNTRY) MO

PARENTS

10. NAME OF FATHER John C. Peterson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Louis
(STATE OR COUNTRY) MO
12. MAIDEN NAME OF MOTHER Carrie E. Otto
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Louis
(STATE OR COUNTRY) MO

14. INFORMANT Homer M. Roland
(Address) 6827 Marquette St

15. FILED ....., 19.... Max D. Harlow
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1930

17. I HEREBY CERTIFY, That I attended deceased from April 21, 1930 to May 8, 1930 that I last saw her alive on May 8, 1930 and that death occurred, on the date stated above, at 11:55 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Embolism

..... (duration) ..... yrs. ..... mos. ..... ds. 35 minutes

CONTRIBUTORY (SECONDARY) Fibroid Uterus + Ovarian Cyst - Benign
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF April 25/30
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS .....
(Signed) M. S. Hogh, M. D.
May 9, 1930 (Address) 330 Metropolitan Bldg

*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	DATE OF BURIAL
Memorial Park	May 12 1930

20. UNDERTAKER	ADDRESS
Akron L. Co	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.