

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

Do not use this space.

6427

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. 310 Victor)

File No.
Registered No. 1466
St. Ward)

2. FULL NAME

Army Estes
(a) Residence, No. 310 Victor St., 23 Ward. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11 - 1929
7. AGE YEARS 2 MONTHS 3 DAYS 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri
13. NAME John Estes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas
15. MAIDEN NAME Lulla Duke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) John Estes 310 Victor

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE Feb. 17 1932

19. UNDERTAKER (ADDRESS) Wacker Helderle 2331 So Broadway

20. FILED 566 15 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14 1932

22. I HEREBY CERTIFY, That I attended deceased from July 17th 1932 to July 14th 1932

I last saw him alive on July 14th 1932. Death is said to have occurred on the date stated above, at 8 P. M.

The principal cause of death and related causes of importance were as follows:

Brauche Pneumonia
Primary
107A 126B 107W

Other contributory causes of importance: Cerebritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury ①

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) A. P. Edwards, M. D.

(Address) 2523 So Broadway

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

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