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

Do not use this space.
36993

1. PLACE OF DEATH
96 County St. Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 6033B — Registered No. 328
City (No. 1110 Sutter Ave St. Ward)

2. FULL NAME Estelle Marie Hickey
(a) Residence, No. 1110 Sutter Ave 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. 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
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14-1906
7. AGE YEARS 26 MONTHS 3 DAYS 11 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 255
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 Mo

FATHER
13. NAME Michael J Hickey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

MOTHER
15. MAIDEN NAME Anna C Molloy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Michael J Hickey 1110 Sutter Ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov 28 1932
19. UNDERTAKER (ADDRESS) Stroot & Carroll 4600 Natl Bridge
20. FILED 11/26 1932 Golla Bray M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23 1932
22. I HEREBY CERTIFY, That I attended deceased from Nov 2nd 1932, to Nov 25th 1932
I last saw her alive on Nov 24th 1932 Death is said to have occurred on the date stated above, at 7 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Nov 1932
10 A	
10 A	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical 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 —, 19....
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 —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Edward B Kinder, M. D.
(Address) 1422 N Taylor Ave

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

MARGIN RESERVED FOR BINDING

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.

JAN 5 1933

U. S. No. 2