

SEP 16 1935

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

Do not use this space.

28148

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis* (No. *50 Lakes Hosp.*)

File No. **7234**

Registered No. **7234**

St. Ward)

2. FULL NAME *Estelle Tilton*

(a) Residence, No.
(Usual place of abode)

St. *N. R. Ward.*

Chester, Ill.
(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. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Claude Tilton</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov. 23 1887</i>				
7. AGE	YEARS <i>48</i>	MONTHS <i>7</i>	DAYS <i>3</i>	IF LESS than 1 day, or hr. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Own Home</i>			
	10. Date deceased last worked at this occupation (month and year) <i>Aug. 19 35</i>		11. Total time (years) spent in this occupation <i>30y</i>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown Missouri</i>				
FATHER	13. NAME <i>Thomas Ether</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown Unknown</i>			
	15. MAIDEN NAME <i>Ella Cassidy</i>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown Unknown</i>			
	17. INFORMANT <i>Frances Tilton</i> (ADDRESS) <i>St. Luke's Hospital St. Louis Mo</i>			
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <i>Chester</i> DATE <i>Aug. 28 1935</i>				
19. UNDERTAKER <i>Clayton Schaefer</i> (ADDRESS) <i>Chester Ill</i>				
20. FILED <i>AUG 27 1935</i> <i>J. A. Brebeck</i> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8-26-1935*

22. HEREBY CERTIFY, That I attended deceased from *8-17-1935* to *8-26-1935*
I last saw her alive on *8-26-1935*. Death is said to have occurred on the date stated above, at *8:40 p. m.*
The principal cause of death and related causes of importance were as follows:
Acute myocardial infarction Date of onset *8-25-35*
Myocardial infarction *8-26-35*
urinary suppression caused by a stricture due to adhesions formed after intestinal obstruction *8-17-35*
cause of old operation unknown
Name of operation *gastrostomy* Date of *8-20-35*
What test confirmed diagnosis? *Operation* Was there an autopsy? *No*

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? *No*
If so, specify
(Signed) *C. H. Flynn* , M. D.
(Address) *St. Luke's Hospital St. Louis, Mo*

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.

1935-8-26
43-1-23