

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

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.

JUN 17 1936

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

Do not use this space.

24242

1. PLACE OF DEATH St. Mary's Infirmary

791

County.....

Registration District No.....

1003

File No.....

Township.....

Primary Registration District No.....

Registered No.....

5852

City St. Louis

(No. 1536

Papin

ST. MARY

INF. St.

Ward)

2. FULL NAME Bedford Estes

(a) Residence, No. 4418 a Cote Brilliante St., 11 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unavailable ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1st, 1936

5A. DECEASED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Estes

22. I HEREBY CERTIFY That I attended deceased from June 8 to June 26, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 1883

I last saw him alive on July 21, 1936 Death is said to have occurred on the date stated above, at 4:15 P. M. The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 53 6

Chronic myocarditis

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Armour Packing Co.
10. Date deceased last worked at this occupation (month and year) March 1936
11. Total time (years) spent in this occupation Unk.

Other contributory causes of importance
Unresolved pneumonia
Fever

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley Tennessee

Name of operation none Date of operation
What test confirmed diagnosis chest Was there an autopsy? Yes

13. NAME Albert Estes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley Tennessee

15. MAIDEN NAME Maybelle Pickett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley Tennessee

17. INFORMANT Mrs. Alice Harris (ADDRESS) 2906 Pine Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE June 5th, 1936

19. UNDERTAKER Charles J. Galt (ADDRESS) 4107 Finney Avenue

20. FILED JUN 5 1936 J. Bredeck Registrar.

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? Yes
If so, specify _____ (Signed) Dr. J. H. Keenan, M. D. (Address) 277 2nd

