NOV 4 1936

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

Do not use this space.

39388

File No. 10427

Registered No.

1. PLACE OF DEATH 2602 Baldwin St

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 2602 Baldwin St. St. ..... Ward)

2. FULL NAME Estell Steadman

(a) Residence, No. 2602 Baldwin St St., 2 D 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: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alphonso Steadman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15th 1905

7. AGE: Years 31 | Months 5 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work

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) Nashville Tenn

FATHER

13. NAME Robert Forest

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Tenn

MOTHER

15. MAIDEN NAME Ella

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Tenn

17. INFORMANT Joeanna Anderson
(ADDRESS) 1414 Cass Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green wood DATE Oct 19th 1936

19. UNDERTAKER Jas. H. Randle & Son
(ADDRESS) 920 No. Leonard Ave

20. FILED OCT 16 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1936, to Oct 14 1936, I last saw him alive on Oct 14 1936. Death is said to have occurred on the date stated above, at 8 a.m.

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

Acute Heart failure. Caused by a Cute Indigestion, after eating Sweet Potatoes Spaghetti and Ice Cream

Date of onset

Other contributory causes of importance: Preceding High Blood Pressure and over Exertion as Recent as Washing

Name of operation ..... Date of

What was confirmed diagnosis? Clinical 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) [illegible] M. D.

(Address) 8092 Jefferson Ave

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.