MAY 7 1937

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

Do not use this space.

File No. 14218

Registered No. 3714

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. 5937A Minerva Avenue St. ..... Ward)

2. FULL NAME Estelle McCarty

(a) Residence, No. 5937A Minerva Ave. St., 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daniel McCarty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7th, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
73	2	27	

OCCUPATION

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

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

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) New York

FATHER

13. NAME George Whitson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Daniel Walker
(ADDRESS) 2414 North Union Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE April 7th, 1937

19. UNDERTAKER Jos. W. Clark
(ADDRESS) 1125 Hodiamont Avenue

20. FILED APR 7 1937 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4th, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1936 to April 4th, 1937 I last saw her alive on April 4th, 1937. Death is said to have occurred on the date stated above, at 9.25P m.

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

	Date of onset
Chronic	
Myocarditis	

Other contributory causes of importance: G.B.C.

Name of operation None Date of None

What test confirmed diagnosis? None 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 None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify No

(Signed) John A. Lotz M. D.

(Address) 2323 Lucas Blvd.

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.

THIS IS A PERMANENT RECORD

Dr,John Lotz,
2323 No.Union
10-12A.M.
7-8 P.M.