

Registration District No. 5707

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH: 1003 1100 E 17 1940

(a) County _____
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 4470a Finney
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days) 222

3. (a) PRINT FULL NAME MIMMIE LUE ESTES

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 10 22 1885
 (Month) (Day) (Year)

8. AGE: Years 54 Months 2 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Brownsville Tennessee
 (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Nelson Turner
 13. Birthplace Brownsville Tennessee
 (City, town, or county) (State or foreign country)
 14. Maiden name Minnie Turner
 15. Birthplace Brownsville Tennessee
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mattie Simpson
 (b) Address 3862 Windsor Pl.

17. (a) removal (b) Date thereof Jan 21-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Brownsville Tenn

18. (a) Signature of funeral director Royd Bros Fun Home
 (b) Address 3704 Finney Ave

19. (a) JAN 18 1940 (b) J. E. Breakish
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
 (c) City or town St Louis 11
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4470a Finney Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1940 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from Jan 14, 1940, to Jan 17, 1940
 that I last saw her alive on Jan 17, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death bronch pneumonia Duration 3 days

Due to _____
 Due to 930

Other conditions chronic hypochloritis Dub
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

28. Signature J. W. Green (M. D. or other) _____
 Address 45330 E. 10th Date signed 1/18/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39 1 x1051

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.