

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26943

SEP 25 1940

1003

State File No.

Registration District No. 791

Primary Registration District No.

Registrar's No. 6839

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5100 Delmar Blvd. 2)
(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)

3. (a) PRINT FULL NAME Archie (Arthur) Alvin Estep 231

3. (b) If veteran, name war Unknown

3. (c) Social Security M 93-61-3670

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gladys 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased July 5 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

49 1 5 hr. min.

9. Birthplace Davenport Washington
(City, town, or county) (State or foreign country)

10. Usual occupation Waiter

11. Industry or business.....

MOTHER FATHER { 12. Name Henry Estep

13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gladys Estep

(b) Address 5100 Delmar

17. (a) Burial (b) Date thereof 8-13-80
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetary

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) AUG 19 1940 (Date received local registrar)
J. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County.....

(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")

(d) Street No. 5100 Delmar Blvd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 10
year 1940 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration
(Apoplexy) CONTRIB; Coronary
Sclerosis; Chronic Interstitial
Nephritis.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

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Major findings: Of operations.....

Of autopsy.....

PHYSICIAN
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, of 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) (c) means of injury

23. Signature Joseph M. [Signature]
Address.....

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..... *J. H. Sullivan*
Licensed Embalmer No. *1122*

P. O. Address.....

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, fact should be so stated above.