No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26308

FILED AUG 8 1941

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 1631

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town ~~Carondelet Township~~ Koch
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Koch Hospital ()
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 days (Specify whether
In this community 18 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County — 600

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1315 Blair 9
(If rural, give location)

(e) Citizen of foreign country? No 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ESTELLA SAUNDERS

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex F

5. Color or race N

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased May (Month) 3, (Day) 1904 (Year)

8. AGE: Years 37 Months 2 Days 23 If less than one day hr. min.

9. Birthplace Cherry (City, town, or county) / Tenn. (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business

FATHER
12. Name Newt Little
13. Birthplace ? (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Mary Garrett
15. Birthplace ? (City, town, or county) 9 (State or foreign country)

16. (a) Informant Patient & Bertha Turner (daughter)
(b) Address 1315 Blair

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/27/41 (Month) (Day) (Year)
(c) Place: burial or cremation City of St. Louis

18. (a) Signature of funeral director City of St. Louis
(b) Address Wilbur White Undertaker

19. (a) AUG 5 - 1941 (Date received local registrar) (b) E. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1941 hour 9 45 minute P. M.

21. I hereby certify that I attended the deceased from July 1, 1941, 19 to July 26 1941; that I last saw her alive on July 26 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Pulmonary Tuberculosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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, 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Willard D. Rowland (M. D. ~~or other~~) 0
Address Koch Hospital Date signed 7/27/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.