

FILED NOV 6 1942

Registration District No. 984

Primary Registration District No. 200

Registrar's No. 2046

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kinloch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Maquire & Scott St. 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kinloch
(If outside city or town limits, write "RURAL")
(d) Street No. Maquire & Scott St
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Estelle Hartfield

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

4. Sex 7 3 5. Color or race Negro 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife J. W. Hartfield 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased..... (Month) 5 (Day) 10 (Year) 1899

8. AGE: Years 43 Months 4 Days 29 If less than one day hr. min.

9. Birthplace Postal Ark 1 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Charles Wade

13. Birthplace Ark 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 John W. Hartfield

(b) Address Maquire & Scott St.

17. (a) Burial (b) Date thereof 10 5 42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bros

(b) Address 1111 S. Stephens & Kinloch
19. (a) OCT - 3 1942 (b) C. H. McLaran (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 10 year 1942 hour 4 minute 30 A M.

21. I hereby certify that I attended the deceased from 1-17-42 to 10-1-42 that I last saw her alive on 9-23- and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hemorrhage Duration

Due to Pulmonary T. H.

Due to.....

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

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?

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

23. Signature J. S. Dorsey (M. D. or other)

Address St. Louis, Mo. 910 Date signed 10-3-42

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

96
0
0

96
0

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 with the above constitutes grounds for revocation of license.)

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

100-100