S. No. 2
M—S-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN -5 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38641

Registrar's No. 10717

1. PLACE OF DEATH:

(a) County: St Louis

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

(c) Name of hospital or institution: 4164 Enright St. Louis, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days): In this community 23 years

2. USUAL RESIDENCE OF DECEASED: 000

(a) State: Mo. (b) County: 17

(c) City or town: St. Louis 9 14 (If outside city or town limits, write "RURAL")

(d) Street No.: 4164 Enright (If rural, give location)

(e) Citizen of foreign country? (Yes or No): If yes, name country: 0

3. (a) PRINT FULL NAME: Estelle Delany (Known as) Estelle Pope

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: Single

6. (b) Name of husband or wife:

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

7. Birth date of deceased: March (Month) 31 (Day) 1891 (Year)

8. AGE: Years 51 Months 8 Days 16 If less than one day: hr. min.

9. Birthplace: Memphis (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation: Day Work

11. Industry or business:

MOTHER FATHER

12. Name: William McDonald

13. Birthplace: Georgia (City, town, or county) (State or foreign country)

14. Maiden name: Amanda Berry

15. Birthplace: Mississippi (City, town, or county) (State or foreign country)

16. (a) Informant: Joseph O. Pope

(b) Address: 4164 Enright ave

17. (a) (Burial, cremation, or removal) (b) Date thereof: Dec. 23, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park Cemetery

18. (a) Signature of funeral director: Connie Dove

(b) Address: 3103 Washington Ave.

19. (a) DEC 23 1942 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17th year 1942 hour 2 minute 30 p.m.

21. I hereby certify that I attended the deceased from Oct. 24, 1942, to Dec. 17, 1942 that I last saw him alive on Dec. 17, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac Dilatation	3 hrs
Due to: CARCINOMA of Stomach	1 Year
Due to: CARCINOMA of Liver	6 mos.
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: 0

23. Signature: A. E. Hale (M. D. or other)

Address: 822 N. Jefferson Date signed: 12/22/42

(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 William Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4221 W Cote Brilliant

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.