

FILED MAR 25 1948

1003

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2823-B. Russell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether
In this community 26 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 173
(If outside city or town limits, write "RURAL") 92
(d) Street No. 2823 B. Russell Ave
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country No. 0

3. (a) PRINT FULL NAME Grace Estes

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

4. Sex Female 5. Color or race w 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Joseph Estes 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Feb 19 1893
(Month) (Day) (Year)

8. AGE: Years 6-0 Months 0 Days 25 If less than one day — hr. — min.

9. Birthplace So Dakota
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business
12. Name John Nausch
13. Birthplace Unknown So Dakota
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Estes

(b) Address 2823 B. Russell

17. (a) Funeral (b) Date thereof 3/17/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Ch. Mully Chapel

(b) Address 5041 Delmar

19. (a) MAR 15 1943 (b) J. F. Breeseh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th,
year 1943 hour 11 minute 24 P. M.

21. I hereby certify that I attended the deceased from May 5,
1942 to March 14 1943
that I last saw her alive on March 14 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus Duration 1 1/2

Due to —

Due to —

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy none

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) Means of injury —

23. Signature Wm. R. Nye (M. D. or other) 0
Address 2931 Brant Ave Date signed 3/15/43

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.....

John Ketter

Licensed Embalmer No.....

3880

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.