

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **19663**  
 Registrar's No. **5445**

Registration District No. **1818** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (b) City or town **St. Louis, Missouri**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**St. Louis City Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **6 days**  
 In this community **0** years, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County \_\_\_\_\_  
 (c) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **2817 a S. Jefferson**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Elsie Estell**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
 4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
 6. (b) Name of husband or wife **Lewis Estell** 6. (c) Age of husband or wife if alive **68** years  
 7. Birth date of deceased **Sept. 29 1880**  
 (Month) (Day) (Year)

8. AGE: Years **63** Months **8** Days **15** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Little Rock Arkansas**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business \_\_\_\_\_  
 12. Name **Wm. Sterrett**  
 13. Birthplace **unknown** (City, town, or county) (State or foreign country)  
 14. Maiden name **Corrington, Mary**  
 15. Birthplace **Greenfield Ill.** (City, town, or county) (State or foreign country)

16. (a) Informant **Merwin L. Estell**  
 (b) Address **5436 Gilmore**

17. (a) **Burial** (b) Date thereof **June 17, 1944**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Bellefontaine Cemetery**

18. (a) Signature of funeral director **Wm. B. ...**  
 (b) Address **2929 S. Jefferson**

19. (a) **JUN 16 1944** (b) **J. F. Brudack**  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **June** day **14th**  
 year **1944** hour **11** minute **30 P.M.**  
 21. I hereby certify that I attended the deceased from **June 8th**  
 \_\_\_\_\_, 19 **44** to **June 14th**, 19 **44**  
 that I last saw h... **er** alive on **June 14th**, 19 **44**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia** Duration **5 weeks +**  
 Due to **Carcinoma of cervix** **1 yr. +**

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy **Refused**  
 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 **0**  
 23. Signature **Robert E. Holt, M.D.** (M.D. or Other)  
 Address **1515 Lafayette** Date signed **6/15/44**

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

**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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address: 2727 S. Jefferson

**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.