

No. 2  
8-13  
5-17-39  
X37823

State File No. \_\_\_\_\_  
Registrar's No. (39) 103

FILED NOV 20 1944

Registration District No. 296544

Primary Registration District No. 5983

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Fort Leonard Wood, Mo. Civilian  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Regional Hospital, Ft Leonard Wood, Mo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 hours (Specify whether  
In this community 2 months, 4 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Franklin 997  
(c) City or town Columbus  
(If outside city or town limits, write "RURAL")  
(d) Street No. 52 East Russell St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country -- 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29  
year 1944 hour 3 minute 10 a. m.  
21. I hereby certify that I attended the deceased from 11:00 P. M.,  
28 Oct 1944, to 3:10 AM, 29 Oct 1944;  
that I last saw h. im alive on 29 October 1944;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Subdural hematoma, Duration  
right

Due to rupture superficial cerebral  
vein

Due to auto-individual accident

Other conditions bilateral fracture tibia  
(Include pregnancy within 3 months of death)  
and fibula, and lacerations of  
face.

Of autopsy As above

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident 185  
(b) Date of occurrence 29 October 1944  
(c) Where did injury occur? near Waynesville Pulaski Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Hiway #66, -1/2 mi W of Waynesville, Mo  
(Specify type of place) auto-indi-  
While at work? No (e) Means of injury vidual.

23. Signature Walter J. Foster, Major MC 210 (M. D. or other)  
Address Regional Hospital, Ft Leonard Wood, Mo Date signed 30 Oct 44

3. (a) PRINT FULL NAME Alfred A. Este, Jr

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anita 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased June 29 1920  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
24 4 - hr. --- min.

9. Birthplace Columbus Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier - U.S. Army - 35271606

11. Industry or business T/5 - Btry C, 882nd FA Bn

12. Name Alfred A. Este, Sr.

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

14. Maiden name Eva

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

16. (a) Informant U.S. Army Records

(b) Address Ft Leonard Wood, Mo.

17. (a) Removal (b) Date thereof 10-31-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbus Ohio.

18. (a) Signature of funeral director W.E. Noeman

(b) Address Leakon Mo

19. (a) 30 Oct 44 (b) Wm. Pruitt, Capt Wre  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

005

Nov 2-1944 66 in 100

**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 Dorsey M. Howe  
Licensed Embalmer No. 4222  
P. O. Address Lebanon, Mo.

**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.**