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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1420

FILED JUL 16 1946

Registration District No. 317 Primary Registration District No. 3066

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Fiskwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
241 E. Argonne dr. 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 MO (b) County St. Louis
(c) City or town Fiskwood
(If outside city or town limits, write "RURAL")
(d) Street No. 241 E. Argonne
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM BRECKENRIDGE ESTES
(b) If veteran, name war I + II
(c) Social Security No. 412-09506

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 4
year 1946 hour 7 minute 45 A.M.

4. Sex MO 5. Color or race W.
6. (a) Single, widowed, married, divorced m.
6. (b) Name of husband or wife Mildred Eliza
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 25 - 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7/3, 1946, to 7/4, 1946; that I last saw him alive on 7/4, 1946, and that death occurred on the date and hour stated above.

8. AGE: Years 50 Months 1 Days 9
If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral hemorrhage Duration 1 day

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

Due to Hypertension
Due to 83-01

10. Usual occupation Engineer

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Haller Estes
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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? _____

14. Maiden name Caroline Rolt
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mildred Estes
(b) Address 241 E. Argonne

17. (a) Funeral (b) Date thereof 7-5-46
(c) Place: burial or cremation Nashville Tenn.

18. (a) Signature of funeral director Louis H. Bopp
(b) Address Fiskwood Mo

19. (a) 7-6-46 (b) EP. McParry
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature J. D. Stachle (M. D. or other) M.D.
Address 104 Adams, Fiskwood Date signed 7/5/46

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3
104

MAR 2 1957

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..... *Lawrence M. Sizemore*.....

Licensed Embalmer No. *4343*.....

P. O. Address *7415 Zephyr Pl
Maplewood, 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.