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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42387

Primary Registration District No. 1003

Registrar's No. 10955

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4265 Maffitt Ave
(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

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. 4265 Maffitt Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Esther Mae French

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 Thomas French

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased April (Month) 27 (Day) 1889 (Year)

8. AGE: Years 57 Months 7 Days 22 If less than one day hr. min

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

10. Usual occupation Dressmaker

11. Industry or business Lowenbaum Mfg Co

FATHER
12. Name John Wagner
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lunda Mae Summers
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas French

(b) Address 4265 Maffitt Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23 1946 (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE CEM

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Nat Bridge Blvd

19. (a) DEC 20 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19 year 1946 hour 10 minute 38 A.M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism — Duration
2 weeks 1 week Melena
Hour when she feel at the Rembrandt Studio 1005 Olive Street Around 2:00 P.M. Hour

Due to 17, 1946

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) Accident

(b) Date of occurrence Nov 17 1946

(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Studio
(Specify type of place)

While at work? (e) Means of injury Accident

23. Signature Dr Alfred J. Perry (M. D. or other)

Address Deputy Coroner Date signed 12-20-46

(Licensed Embalmer's Statement on Reverse Side)

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 John A. Milner

Licensed Embalmer No. 4186

P. O. Address St. Louis 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.