

FILED FEB 28 1948  
318

Primary Registration District No. 1003

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: Jewish Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 Minutes  
(Specify whether  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 0-1-0  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4206a Arsenal St.  
16 (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME ESTELLE Emily Drews

3. (b) If veteran, name war None 3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18  
year 1948 hour 3:15 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 18, 1947  
to Feb. 18, 1948  
that I last saw her alive on Feb. 18, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary disease Duration 6 months

Due to Diabetes 6 mo.  
Other conditions Myocarditis 6 mo.  
(Include pregnancy within 3 months of death)

Major findings, Of operations.....  
Of autopsy Coronary disease

PHYSICIAN

Underline the cause of 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?..... (Specify type of place)

While at work?..... (e) Means of injury U  
23. Signature P. D. Stahl (M. D. or other)  
Address 462 N. Taylor Ave Date signed 2/18/48

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Late George 6. (c) Age of husband or wife if alive 7 years  
7. Birth date of deceased Sep't. 7 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 5 11 hr. min

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Buyer  
11. Industry or business Angelica Jacket Co.

12. Name James Kerwin  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Rose Walker  
15. Birthplace Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary C. Drews  
(b) Address 4206a Arsenal St.

17. (a) Burial (b) Date thereof 2-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.  
(b) Address 4228 So. Kingshighway Bl

19. (a) FEB 18 1948 (b) J. F. Bueck  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

462 N. Gayton St. - 11330

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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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.