DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 22 1948

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24258

Primary Registration District No. 1005

Registrar's No. 6231

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: St. Lukes Hospital (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 St. Louis,

(c) City or town University City (If outside city or town limits, write "RURAL")

(d) Street No. 6627 Pershing Ave., (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME FOSTER DENNY ESTES.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ambrose J. Estes.

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

7. Birth date of deceased Nov. (Month) 23 (Day) 1861 (Year)

8. AGE: Years 86 Months 7 Days 19 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name Alexander Denny.

13. Birthplace Howard Co. (City, town, or county) Mo (State or foreign country)

14. Maiden name Mary Ann Snoddy.

15. Birthplace Howard Co, (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. Wm. R. Gentry.

(b) Address 6627 Pershing Ave.,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/13/48 (Month) (Day) (Year)

(c) Place: burial or cremation Columbia, Missouri.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.,

19. (a) JUL 13 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1948 hour 6:15 minute P/ M.

21. I hereby certify that I attended the deceased from April 1944, to July 12, 1948, 19.... that I last saw her alive on July 12, 1948, 19.... and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage on July 4	
Due to: Cerebral arteriosclerosis	
Due to: General arteriosclerosis	
Other conditions: Arteriosclerotic heart disease (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)

(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

23. Signature David M. Shilling Jr. (M. D. or other) M.D.

Address 4500 Olive Street, St. Louis signed 7-13-48

(Licensed Embalmer's Statement on Reverse Side)

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

2:30 to 4:30 P.M.

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 Clarence H. Murray

Licensed Embalmer No. 4011.

P. O. Address St. Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.