

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28342

FILED AUG 24 1956  
XC 288559 SL 10491

State File No. 28342  
Registrar's No. 6727

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>915 N. Grand, St. Louis, Mo.</b> )		c. LENGTH OF STAY (in this place) <b>10 days</b>	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Veterans Administration Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>2933 University Street</b>		210	

3. NAME OF DECEASED (Type or Print) a. (First) <b>EDWIN</b> b. (Middle) <b>L.</b> c. (Last) <b>ESTEL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7-16-56</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>7-9-91</b>
9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Accountant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Wittenberg, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Martin E. Estel</b>	13b. MOTHER'S MAIDEN NAME <b>Amelia Weinhold</b>	14. NAME OF HUSBAND OR WIFE <b>Flora Estel</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <b>Yes</b> (If yes, give year or dates of service) <b>WWI</b>	16. SOCIAL SECURITY NO. <b>498207713</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, ST. LOUIS, MO.</b>

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)  <i>* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute myocardial infarction</b>		<b>Unk.</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerotic heart disease</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c)		<b>Unk.</b>
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>420.0A</b>			

19a. DATE OF OPERATION <b>7-12-56</b>	19b. MAJOR FINDINGS OF OPERATION <b>Tuberculoma LUL (Post-operative wedge resection of lung)</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I <sup>VA</sup> attended the deceased from 7-6 <sup>19</sup>56, to 7-16, 19 56, that I last saw the deceased ~~on the date stated above~~, and that death occurred at 4:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Justin W. George</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>VAH, ST. LOUIS, MO.</b>	23c. DATE SIGNED <b>7-16-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/20/ 56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lakewood Park Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		

DATE REC'D BY LOCAL REG. <b>JUL 18 1956</b>	REGISTRAR'S SIGNATURE <b>Carl Smith mo</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fred C. Henke 4911 Washinhten Blvd.</b>
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WRITE PLAINLY—USING UNFAADING 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 ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *John L. Penner*

Licensed Embalmer No. *9194*

P. O. Address *St. Louis*

**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 embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

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