

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049516

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12590**

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 17 1963

1. PLACE OF DEATH  
 a. COUNTY **St. Louis**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in lb **3 yrs.**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **City Hospital #1** Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Mo.** b. COUNTY **St. Louis**  
 c. CITY OR TOWN **St. Louis** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **1917 Bremen** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
**CONNIE ESTES** **Dec. 31 1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH **12-25-1898** 9. AGE (last birthday) **64** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Own Home** 11. BIRTHPLACE (City and state or country) **Birmingham Alabama** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **John Haney** 13b. MOTHER'S MAIDEN NAME **Mary Vaughn** 14. NAME OF HUSBAND OR WIFE **John Estes (Deceased)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **Not known** 17. INFORMANT **LeRoy Estes** Address **2019 Hildebrand Madison, Ill.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Coronary Occlusion;** INTERVAL BETWEEN ONSET AND DEATH  
 DUE TO (b) **Atherosclerosis.**  
 DUE TO (c) **4201**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **8:55 A** to **her** and last saw **him** alive on **Death occurred at** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Nelen L. Taylor, Coroner** 22b. ADDRESS **1300 Clark Ave.** 22c. DATE SIGNED **12-31-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **12/31/62** 23c. NAME OF CEMETERY OR CREMATORY **Greenway** 23d. LOCATION (City, town, or county) (State) **Greenway Ark.**

24. FUNERAL DIRECTOR **Russell Mortuary Piggott Arkansas** 25. DATE RECD. BY LOCAL REG. **DEC 31 1962** 26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

VS 300 Rev. 4/59

1  
2 **226**  
3  
4 **1**  
5 **2**  
6  
7 **1**  
8 **2**  
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10  
11  
12 **75-3**  
13

DATE AMENDED **12-29-62**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

75

JAN 17 1968

**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 *Frank Cronoff*

Licensed Embalmer No. 4356

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

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