MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38769

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 11499

Township ..... Primary Registration District No. 1003 Registered No. 11499

City St Louis (No. 3715 Maffitt St. ..... Ward)

2. FULL NAME William Steele

(a) Residence. No. ..... St., 11 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jetta B Steele

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown 1845

7. AGE: Abt 82 Years — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Police Officer

(b) General nature of industry, business, or establishment in which employed (or employer): Pensioned

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

PARENTS

10. NAME OF FATHER: David Steele

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): England

12. MAIDEN NAME OF MOTHER: Elizabeth Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): England

14. INFORMANT: Jetta B Steele
(Address) 3715 Maffitt av

15. FILED: DEC 23 1927 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 22nd 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1927, to Dec 22nd, 1927 that I last saw him alive on Dec 22nd, 1927, and that death occurred, on the date stated above, at 4:50 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis

121

97 (duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY): Chronic Interstitial Nephritis (duration) 1 yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

12/22, 1927 (Signed) Fred F. Jelle, M.D.
(Address) 2702 N Grand av

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary

DATE OF BURIAL: 12-24 1927

20. UNDERTAKER: Arthur J Donnelly

ADDRESS: 2039 Wash St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr Zelle

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[illegible]