

Dr. H. M. Daniel

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

Do not use this space.

File No. **21409**
Registered No. **5** (Ward)

1. PLACE OF DEATH
County **Pemscot** Registration District No. **656**
Township **Holland** Primary Registration District No. **6281**
City **St. Louis** (No. St. Ward)

2. FULL NAME **John W. Steels**
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. **3** 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**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 29 1888**
7. AGE YEARS **46** MONTHS **2** DAYS **16** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Farmer**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri**

13. NAME **Walter J. Steels**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri**

15. MAIDEN NAME **Lizzie M. Gay**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri**

17. INFORMANT **Eddie Steels** (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Louis Cem.** DATE **June 17, 34**

19. UNDERTAKER **German Truck Co** (ADDRESS) **St. Louis, Mo.**

20. FILED **7-16 1934** **Tom Bugarec** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 15 1934**
22. I HEREBY CERTIFY, That I attended deceased from **6/14/34**, 19... to **6/15/34**, 19...
I last saw h. alive on, 19... Death is said to have occurred on the date stated above, at **6:15 P. M.**

The principal cause of death and related causes of importance were as follows:
Peritonitis abn.
930
1150
930
Other contributory causes of importance:
Myocarditis

Date of onset **6-5-34**

Name of operation **None** Date of **X**
What test confirmed diagnosis? **X** Was there an autopsy? **X**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **X** Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **Yes**
(Signed) **H. M. Daniel** M. D.
(Address) **St. Louis, Mo.**

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.

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JUL 20 1934

