

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

Do not use this space.

1. PLACE OF DEATH

County Wolfe
Township Union
City St Louis (No. _____) St. _____ Ward)

Registration District No. 369
Primary Registration District No. 15575

File No. 29069
Registered No. 14

2. FULL NAME Ann Steel

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 27 1860</u>				
7. AGE	YEARS <u>74</u>	MONTHS <u>2</u>	DAYS <u>29</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer.</u>			
	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) <u>Edger Co. Ill</u>				
FATHER	13. NAME <u>Andrew P. Steel</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
MOTHER	15. MAIDEN NAME <u>Sarah Ann Bandy</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
17. INFORMANT <u>Mr James Miller</u> (ADDRESS) <u>Crust Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>North St Louis</u>		DATE <u>Aug-28-1934</u>		
19. UNDERTAKER <u>St. Joseph</u> (ADDRESS) <u>North St Louis</u>				
20. FILED <u>Aug-28 1934</u> <u>J. W. Davis</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10 " 1932, to Aug 26, 1934
I last saw him alive on Aug 20, 1934 Death is said to have occurred on the date stated above, at 1:20 a.m.
The principal cause of death and related causes of importance were as follows:
Myocarditis
Complicated long standing
Chronic Interstitial Nephritis
Other contributory causes of importance: Interstitial

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ 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? no
If so, specify _____
(Signed) Gas O Tracy, M. D.
(Address) Monroe City 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 PLAINLY, WITH OMPADING INK—THIS IS A PERMANENT RECORD

SEP 13 1934

