

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

Do not use this space.

APR 9 1935

10690

1. PLACE OF DEATH

County Registration District No. **791**
Township # Primary Registration District No. **1003**
City **St. Louis** (No. **6753 Southwood**)

File No.
Registered No. **2307**
St. Ward)

2. FULL NAME

Parah M. Steel
(a) Residence, No. **#6753 Southwood, 5 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John J. Steel**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb - 16 - 1853**

7. AGE YEARS **82** MONTHS **0** DAYS **73** **IF LESS THAN 1 day, hrs. or min.**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **At Home**
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, Mo.**

13. NAME **James Lowry**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

15. MAIDEN NAME **Beter (unknown)**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT **Geo. W. Walker**
(ADDRESS) **#6753 Southwood**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Dallas, Texas** DATE **3-11-35**

19. UNDERTAKER **Dr. Lupton & Sons**
(ADDRESS) **#4449 Olive Street**

20. FILED **MAR 11 1935**
Joe. J. Bradek
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March - 9th 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 28**, 1935, to **Mar 9**, 1935.

I last saw him alive on **Mar 9**, 1935. Death is said to have occurred on the date stated above, at **9:00 P.M.**

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia **2/28/35**
Acute Coronary Dilatation
(No other heart disease)

Other contributory causes of importance:

Acute Coronary Dilatation
dilatation pneumonia 2/28/35

Name of operation **none** Date of **?**

What test confirmed diagnosis? **usual findings** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **no** Date of injury **no**, 19...

Where did injury occur? **no**
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **no**

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify

(Signed) **William T. Higashi**, M. D.

(Address) **5500 3rd Street**

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 UNFADING INK—THIS IS A PERMANENT RECORD

77a

7265 Breeding Nbr
Ca 8175

8-9 Aug.
1-2 P.M.

3500 N. Grand
Co 8190