

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH  
 County St. Louis Registration District No. 791  
 Township Chloris Primary Registration District No. 1008 File No. 8841  
 City Chloris (No. no substitute hospital) Registered No. 2531  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John Howard Steele  
 (a) Residence, No. Wanamaker Bldg St. \_\_\_\_\_ n.r. 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. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16/1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
9 11 9

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. none

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 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granite City Mo

13. NAME H. J. Steele

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sparta Mo

15. MAIDEN NAME Roy Hummerman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Namooki Mo

17. INFORMANT (ADDRESS) H. J. Steele Namooki Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 2/28/37

19. UNDERTAKER (ADDRESS) E. H. Schuldmayr Mo

20. FILED FEB 26 1937 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/20, 1937 to 2/25, 1937  
 I last saw h. .... alive on 2/25, 1937. Death is said to have occurred on the date stated above, at 10:15 a.m.

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

Broncho Pneumonia  
alveolar type  
Date of onset

Other contributory causes of importance: 107a  
Sepsis  
fractured

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1937

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 \_\_\_\_\_  
(Signed) D. R. Andrews, M. D.  
(Address) Chloris 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.

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