NOV 15 1937

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

35897
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 ..... Registered No. 9474

(c) City St. Louis (d) Street No. City Hospital #1 St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME Irene M. Steele

(a) Residence, No. 1333 Walton Ave. St. 6

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17th, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Prac. Nurse

9. Industry or business in which work was done, as saw mill, bank, etc. Retired

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) Illinois

FATHER

13. NAME James Steele

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hampshire

MOTHER

15. MAIDEN NAME Mary Jane Montroy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Mary Jane Steele (ADDRESS) 1333 Walton Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Chester, Ills. DATE Oct. 13th 1937

19. FUNERAL DIRECTOR Kiefmann & Sand (ADDRESS) 1905 Union Blvd.

20. FILED OCT 11 1937 J. Biedeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10th 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:15 A.M.

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

Date of onset

Cerebrosclerosis
Contrib. Fracture of neck of Femur (Intertrochanteric)
Time cause and manner could not be ascertained

Other contributory causes of importance:

195

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? Accident Date of injury Unk. 19.....

Where did injury occur? St. Louis Mo (Specify city or town, county, and State)

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

Manner of injury Fell Odoma

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Hadley M.D., M. D.

(Address) Crown

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by.....Registered Apprentice No.....

working under my personal supervision.

Signed Elmer C. Drehmann

Licensed Embalmer No. 3690

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)