FEB 16 1938

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

4022
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 96
(b) Township ~~Clayton~~ Primary Registration District No. Registered No. 603
(c) City Clayton — (d) Street No. St. Louis County Hosp. — 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 Mary A. Steele — 340
(a) Residence, No. 3210 Walter Ave — St. Maplewood Mo. —
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles W. Steele —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29 1881

7. AGE: YEARS 56 MONTHS 0 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as 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 Mo =

FATHER
13. NAME William Steffen —
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown —

MOTHER
15. MAIDEN NAME Mary Monaghan —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown =

17. INFORMANT (ADDRESS) Charles J. Steele — 3210 Walter Ave. =

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 1/17 38

19. FUNERAL DIRECTOR (ADDRESS) Croghan Und. Co. Inc. 7146 Manchester Ave =

20. FILED 1-15 1938 R. A. Meyer M. D. Dr. P.H. Local Registrar.
THEODORE R. MEYER M. D. Dr. P.H.
Deputy State Commissioner of Health

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1938

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1938, to January 14, 1938
I last saw her alive on January 14, 1938. Death is said to have occurred on the date stated above, at 3:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiospasm	1924
Cerebral apoplexy	1-12-38
Hypostatic pneumonia	1-13-38

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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?
If so, specify
(Signed) R. A. Nussbaum, M. D.
(Address) St. Louis County Hosp.

(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.

X12004

OCT 19[illegible]

STATEMENT BY LICENSED EMBALMER

I, M. J. Crogan, Licensed Embalmer No. 2622 —

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

L. E.

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

working under my personal supervision.

Signed M. J. Crogan

Licensed Embalmer No. 2622 —

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