

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state nature of ceremony supplied.

19 938

REC'D OCT 5 1938

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

33374
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Carondelet Primary Registration District No. 200
 (c) City St. Louis, Mo. (d) Street No. St. Rose Sanatorium Registered No. 1592
 (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 Oliver Steops
 (a) Residence, No. 5219 e Cates St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) May 12, 1893

| | | | |
|--------------|----------|----------|----------------------------------|
| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
| <u>45</u> | <u>4</u> | <u>7</u> | |

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. World War Veteran

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, Missouri

FATHER

13. NAME Albert Steops

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville Illinois

MOTHER

15. MAIDEN NAME Susan Flourville

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT Mrs. J. V. Cairns (sister)
(ADDRESS) 6011 Magnolia Avenue

18. BURIAL PLACE National Cem. in St. Louis MO. DATE 9/21/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. W. McLaughlin
2301 Lafayette Avenue

20. FILE NO. SEP 19 1938 J. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 19 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18 - 1938, to Sept. 19 - 1938
 I last saw him alive on Sept. 19 - 1938. 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:
(1) Far advanced Pulmonary Tuberculosis
(2) Myocardial Failure

Date of onset 20 yrs.

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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?.....
 If so, specify..... (Signed) C. E. Gerson, M. D.
 (Address) St. Rose Sanatorium

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

L. R. Cooper

....., or by

Registered Apprentice No., working under my personal supervision

Signed.....

L. R. Cooper

Licensed Embalmer No. *3633*

P. O. Address *2301 Lafayette*

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.)

If this body is not embalmed, above space should be left blank.