

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 744

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town St Louis  
(c) Name of hospital or institution: Homer G Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
In this community Unknown  
(Specify whether years, months or days)

~~1940~~ FEB 17 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1102 N 20th  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Perry Steele 340

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Kate Steele 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased 8 - 9 - 1897  
(Month) (Day) (Year)

8. AGE: Years 42 Months 5 Days 12 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Foley Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business 0

12. Name Joe Steele 0

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Ribe Nelson

15. Birthplace Foley Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Phoebe Steele

(b) Address 1102 1/2 N. 20th Street

17. (a) Burial (b) Date thereof 1-26-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Mary Wade

(b) Address 4202 Finney Ave.

19. (a) \_\_\_\_\_ (b) J. B. Bruck  
(Date received for registration) (Responsible Embalmer)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21  
year 1940 hour 10:40 minute P. M.

21. I hereby certify that I attended the deceased from January 18, 1940, to January 21, 1940, that I last saw him alive on January 21, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Luetic Heart Disease 10yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature H. J. Lyman (M., D. or other) \_\_\_\_\_

Address 2601 N Whitmier Date signed \_\_\_\_\_

Duration

10yrs

PHYSICIAN

Underline (the cause to which death should be charged statistically).

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

JAN 25 1940

**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, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*A. J. Watson*

Licensed Embalmer No. *2098*

P. O. Address *2414 Charlotte*

**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.**