No. 2
1-10-39
17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 4198

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1028

**1. PLACE OF DEATH:** 1

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community Unknown years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County

(c) City or town St Louis 22
(If outside city or town limits, write "RURAL")

(d) Street No. 3043 Clark
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 3/4 Frank Steeple

3. (b) If veteran, name war nno

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 Annie Steeple

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Nov. (Month) 19 (Day) 1877 (Year)

8. AGE: Years 62 | Months 2 | Days 6 | If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Laborer 1

11. Industry or business

FATHER
12. Name Peter Steeple 0
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Carolina Bush
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Lena Ming
(b) Address Ruthane Web. Groves

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director J C Lewis
(b) Address 22 Euclid Ave Webster Groves

19. (a) FEB 1 1940 (Date received local registrar) (b) J Bachack (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 25
year 1940 hour 9:05 minute A M.

21. I hereby certify that I attended the deceased from January 11, 1940, to January 25, 1940
that I last saw him alive on January 25, 1940
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Malignancy of Stomach (?) | 12-18 mos |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

23. Signature H. J. Lyman (M. D. or other)
Address 2601 N Whittier Date signed 1/30/40

(Licensed Embalmer's Statement on Reverse Side)

## 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 J. C. Lewis

Licensed Embalmer No. 2027

P. O. Address Webster Groves

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

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