

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **19846**
Registrar's No. **4658**

FILED JUL 21 1941

791

1003

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(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:
5587 Cabanne Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 69 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis (b) County — 100
(c) City or town St. Louis 125
(If outside city or town limits, write "RURAL") 9
(d) Street No. 5587 Cabanne Ave.
(If rural, give location)
(e) Citizen of foreign country? — no 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME LYDIA JOSEPHINE STEELE

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female / 5. Color or race white

6. (a) Name of husband or wife William McCall Steele 6. (b) Age of husband or wife if alive — years

7. Birth date of deceased October 11, 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 22 If less than one day
.....hr.min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER

12. Name Louis Weinert

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

14. Maiden name Lydia Ransom

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

16. (a) Informant Bert P. Steel

(b) Address 5587 Cabanne

17. (a) Burial (b) Date thereof 6/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) JUN 4 - 1941 (b) J. T. Predeck
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month June day 3
year 1941 hour 2 PM minute _____ M.

21. I hereby certify that I attended the deceased from April 10
10 to June 3 1941

that I last saw her alive on June 3 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis? Uremia Duration 3 days

Due to Arteriosclerosis
caused by chronic

Due to nephritis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

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? _____

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

23. Signature Predeck (Date received local registrar)

Address 607 Grand Date signed June 4 1941

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

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7

Dr. C. Malone Stroud
Univ. Cent. Bldg.

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 Jos. E. McCulloch
Licensed Embalmer No. 2460
P. O. Address 6170 Peemar

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, fact should be so stated above.