

DEPARTMENT OF COMMERCE

U.S. Census

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34866

Registration District No. 309

Primary Registration District No. 4186

Registrar's No. 46

1. PLACE OF DEATH:

(a) County. Gentry
(b) City or town. Albany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 4 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Enoch Lee Steel

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Adline Burch
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 22 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 5 20 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Crockett Steel
13. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Newman
15. Birthplace Albany, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Reece Steel
(b) Address Albany, Mo.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof Oct. 14-41
(Month) (Day) (Year)
(c) Place: burial or cremation Shepherd Cemetery

18. (a) Signature of funeral director W. F. Martin
(b) Address Albany, Mo.

19. (a) Oct. 13, 1941
(Date received local registrar) (b) W. F. Martin
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry
(c) City or town Albany
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12
year 1941 hour 8 minute 55 A. M.

21. I hereby certify that I attended the deceased from Sept. 6, 1941, to Oct. 12, 1941,
that I last saw him alive on Oct. 12, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage,
Nephritis,
High Blood Pressure
Due to Nephritis,
High Blood Pressure

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 318
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?

While at work (Specify type of place) (c) Means of injury
23. Signature W. F. Martin (M. D. or other)
Address Albany, Mo. Date signed 10/13/41

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany, Mo.

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.