V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16697

FILED JUN 15 1942 791 1003

State File No. 4811

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

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

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: CITY HOSPITAL O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State MISSOURI (b) County 17
(c) City or town ST. LOUIS 9 20
(If outside city or town limits, write "RURAL")
(d) Street No. 2330A HOWARD ST.
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME CHARLES RICHARD STEELE
3. (b) If veteran, name war .....
3. (c) Social Security No. 412-03-4905
4. Sex MALE C
5. Color or race WHITE
6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ MARRIED 1
6. (b) Name of husband or wife ROSE STEELE
6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased JUNE (Month) 12 (Day) 1915 (Year)

8. AGE:

Years	Months	Days	If less than one day
26	11	19	..... hr. ..... min.

9. Birthplace MISSISSIPPI 1 (City, town, or county) (State or foreign country)
10. Usual occupation .....
11. Industry or business BEDDING CO
FATHER
12. Name DAVID STEELE
13. Birthplace MISSISSIPPI 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name LOUISE RAY
15. Birthplace MISSISSIPPI 1 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Geo. A. Standley
(b) Address 2330a Howard St
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 2 1942 (Month) (Day) (Year)
(c) Place: burial or cremation ST. MATTHEWS CEM.
18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette av.
19. (a) JUN 2 1942 (Date received local registrar) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 31
year 1942 hour 1 minute 28 P M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull Subdural Hemorrhage of Brain suffered when Deceased fell down the steps at the home of his niece at 1612½ Leffingwell
Due to 5/5/42 about 5 20 pm

Duration

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) Accident
(b) Date of occurrence 5/5/42 000
(c) Where did injury occur? St Louis (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Private Home (Specify type of place)
While at work? (e) Means of injury S
23. Signature Alfred Perry (M. D. or other)
Address Deputy Coroner Date signed 6/1/42

844 (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~~ .....

Jos B Wollmer, Registered Apprentice No. .....,

working under my personal supervision.

Signed Jos B Wollmer

Licensed Embalmer No. 4014

P.O. Address 3125 Lafayette Av

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.