

FILED OCT 3 1942

Registration District No. 284

Primary Registration District No. 101

Registrar's No. 1986

1. PLACE OF DEATH: St. Louis  
 (a) County Clayton  
 (b) City or town Clayton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: County Hospital  
 (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:  
 (a) State Mo. (b) County St. Louis  
 (c) City or town Maplewood  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3107 a Sutton Av  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Charles W. Steele

3. (b) If veteran, name war no 3. (c) Social Security No. 488-05-0618

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Mary Steffen 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Sept. 16, 1977  
(Month) (Day) (Year)

8. AGE: Years <u>65</u>	Months <u>-</u>	Days <u>-</u>	If less than one day hr. <u>-</u> min. <u>-</u>
-------------------------	-----------------	---------------	--

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

10. Usual occupation Traffic Officer  
Maplewood Police Dept.

11. Industry or business Samuel Steele

12. Name Illinois

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

14. Maiden name Elizabeth Outhaus

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

16. (a) Informant Charles Steele (son)  
(b) Address 6609 Wise Av.

17. (a) Burial (b) Date thereof Sept. 19-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Calvary Cem.

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director M. J. Conahan

(b) Address 7146 Maple Street  
SEP 18 1942

19. (a) SEP 18 1942 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16 year 1942 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes. Duration

Due to Coronary occlusion.

Due to .....

Other conditions (Includes pregnancy within 3 months of death) 9/4a

Major findings: Of operations

Of autopsy Yes.

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 [Signature] (A.D. or other)  
Address Kirkwood, Mo. Date signed 9/17/42

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

296

96  
1/3

296

1-1-19

**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 *Harold G Burnley*

Licensed Embalmer No. *4703*

P. O. Address *St. Louis 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.**