. No. 2
1—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35838

FILED OCT 19 1943

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2277

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 862 Catskill Dr. 1 (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 96

(c) City or town Lemay (If outside city or town limits, write "RURAL")

(d) Street No. 862 Catskill Dr. (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME HELEN STEIDLEY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harry Steidley

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Nov. (Month) 29th (Day) 1895 (Year)

8. AGE: Years 47 Months 10 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Murphysboro (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Unknown Underhill
13. Birthplace ..... (City, town, or county) Illinois 1 (State or foreign country)

MOTHER
14. Maiden name Josephine Murphy
15. Birthplace ..... (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Harry Steidley

(b) Address 862 Catskill Dr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Kneyshaw Mortuaries

(b) Address 4228 So. Kingshighway

19. (a) OCT 11 1943 (Date received local registrar) (b) S. M. Stevens, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8th year 1943 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 1, 1943, to Oct. 8, 1943; that I last saw her alive on 10-8, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death (1) Coronary occlusion (2) Coronary Heart disease

Due to chronic cardio-vascular nephritic disease

Due to .....

Other conditions Ca metastasis of intestinal organs (Include pregnancy within 3 months of death)

Major findings: Of operations original Ca in cervix of uterus

Of autopsy .....

Duration

48 a

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 Bruce D. Creelius (M. D. or other)

Address 748 Lemay Ferry Rd. Lemay Mo Date signed 10/9/43

(Licensed Embalmer's Statement on Reverse Side)

Dr Creedmis 748 Lunay Rd.
12.2

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 Edwin D. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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.