S. No. 2
M—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13390

FILED APR 26 1944

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 3590

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3816 Labadie Av.
(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 Missouri (b) County 000
(c) City or town St. Louis 1710
(If outside city or town limits, write "RURAL")
(d) Street No. 3816 Labadie Av. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Martha Anna Steele

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife J. H. Steele 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. (Month) 6th (Day) 1883. (Year)

8. AGE: Years 60 Months 8 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Elijah Monroe Brown
13. Birthplace Reader (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Mary Moore
15. Birthplace Greenville (City, town, or county) Missouri (State or foreign country)

16. (a) Informant F. G. Steele
(b) Address 3816 Labadie Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Mem. Gardens

18. (a) Signature of funeral director Chas. A. Bull
(b) Address 4452 Washington Blvd.

19. (a) APR 18 1944 (Date received local registrar) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1944 hour 12:15 minute a. M.

21. I hereby certify that I attended the deceased from Jan. 10, 1944, to April 18, 1944 that I last saw her alive on April 17, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic glomerular nephritis

Due to cannot say

Due to

Other conditions Mitral & aortic insufficiency (secondary)
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 0

23. Signature [signature] (M. D. or other) M. D.
Address 705 Olive St. Louis Date signed 4/18/44

(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.....

.....Registered Apprentice No.....,

working under my personal supervision.

Signed John Ketter

Licensed Embalmer No. 3880

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.