

FILED DEC 15 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10332

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5881 Enright Ave.
(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 Mo
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5881 Enright Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ruth E. Steel

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 Divorced
 6. (b) Name of husband or wife Harace Steel 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct. 29 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>1</u>	<u>4</u>	hr. _____ min.

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

10. Usual occupation Home

11. Industry or business _____

12. Name Newton Darnell

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

14. Maiden name Carah Martin

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

16. (a) Informant Mrs Cora Coulter

(b) Address 3650 Windsor

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 6-44
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd

19. (a) DEC 4 1944 (Date received local registrar) (b) J F Brubaker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3
 year 1944 hour 7 minute A M.

21. I hereby certify that I attended the deceased from 9-1-44
 19 _____ to 12-3-44 19 _____
 that I last saw him alive on 12-3-44 19 _____
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block
 Due to Atherosclerosis clus

Due to Coronary Occlusion

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 9 2
 Of operations _____

Of autopsy _____

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 RK Beard (M. D. or other) _____

Address 4932 Montgomery Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. ... Andrews
4932 Maryland Ave.
/ 2 4 3
(HO. 4620)

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..... *Albert R. Thompson Jr*
Licensed Embalmer No..... *4237*
P. O. Address..... *St. Louis*

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.