S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1945

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 1620

Registrar's No. 735

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
8275 Albin Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 10-Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 8275-Albin Ave
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Ann Farr Steele

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife William-M

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

7. Birth date of deceased Jan (Month) 26 (Day) 1892 (Year)

8. AGE: Years 53 | Months 1 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace Hamilton Ontario (City, town, or county) Canada (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Barnard Doyle
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Minnie Farr
15. Birthplace (City, town, or county) Canada (State or foreign country)

16. (a) Informant William M. Steele
(b) Address 8275-Albin Ave-Overland, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-45 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Baumann Bros Inc.
(b) Address 2504-Woodson Rd-Overland

19. (a) MAR 21 1945 (Date received local registrar) E. G. McCann M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17
year 1945 hour 6 minute 30 A M.

21. I hereby certify that I attended the deceased from May-10, 1944, to Mar 17, 1945
that I last saw her alive on 3-16-, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Myocarditis	2 wk.
Due to Ca of Rt Breast	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓
Of autopsy ✓

50

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 Lee J Reilly (M. D. or other) MD
Address 8105 Page Blvd Date signed 3-19-45

(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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.