#45054

S. No. 2
0M—2-43
v. 5-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26166

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7424

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Miss ouri (b) County 902

(c) City or town St. Louis 1726
(If outside city or town limits, write "RURAL")

(d) Street No. 1110 St. Louis 9
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Max Steel

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Not Known

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

7. Birth date of deceased Nov (Month) 25 (Day) 1868 (Year)

8. AGE: Years 76 Months 9 Days 0 If less than one day hr. min.

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

10. Usual occupation Engineer

11. Industry or business Retired

FATHER
12. Name Joseph Steel
13. Birthplace Tenn (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Crewes
15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Ruby Radcliff
(b) Address 1110 St. Louis Ave., St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/27/45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem., St. Louis

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave. St. Louis, Mo.

19. (a) AUG 27 1945 (Date received local registrar) (b) J. F. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25th year 1945 hour 12:15 minute P.M.

21. I hereby certify that I attended the deceased from 8/15/45, 19..., to 8/25/45, 19...; that I last saw him alive on 8/25/45, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart Disease	
Due to 93	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Same	

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 Herbert C. Fritz (M. D. or other)
Address 1515 Lafayette 8/27/45 Date signed

(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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.