

No. 2  
OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26167  
State File No. \_\_\_\_\_  
Registrar's No. **7591**

Registration District No. **318** Primary Registration District No. **1003**

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

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:  
St. Luke's Hospital  
(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

3. (a) PRINT FULL NAME George Steele  
(b) If veteran, name war Nil  
(c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 8 1930  
(Month) (Day) (Year)

8. AGE: Years 15 Months 4 Days 16  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Metropolis Illinois  
(City, town, or county) (State or foreign country)  
10. Usual occupation Student

11. Industry or business \_\_\_\_\_  
12. Name Sam Steele  
13. Birthplace Metropolis Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Bessie Fay  
15. Birthplace Metropolis Illinois  
(City, town, or county) (State or foreign country)  
16. (a) Informant Donald D. Steele  
(b) Address Metropolis, Ill.  
17. (a) Removal (b) Date thereof 8-26-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Metropolis, Illinois  
18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.  
19. (a) AUG 30 1945 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County Massac 999  
(c) City or town Metropolis 11  
(If outside city or town limits, write "RURAL") N.B.  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug. day 24  
year 1945 hour 10:52 minute A. M.  
21. I hereby certify that I attended the deceased from Aug 9  
1945 to Aug 27 1945  
that I last saw him alive on Aug 27 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to Lobar pneumonia  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: 108  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature J. F. Budeck (M. D. or other) n.o.  
Address 4952 Maryland Date signed 8/27/45

**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 Elmer R. Padwell

Licensed Embalmer No. 4077

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.**