. S. No. 2
M—8-43
v. 5-17-39
I X37823

3155

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 970 611

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

1. PLACE OF DEATH:

(a) County S St. Louis,

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

(c) Name of hospital or institution: Enroute to City Hospital 3 (If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis, 96

(c) City or town Valley Park, (If outside city or town limits, write "RURAL") NR 16

(d) Street No. Meramec Sta. Rd. (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Opal Steele,

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lorene Palmer Steele

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased July (Month) 27 (Day) 1895 (Year)

8. AGE: Years 50 Months 5 Days 20 If less than one day hr. min.

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

10. Usual occupation Route supervisor,

11. Industry or business Great Eastern Tea & Coffee Co.

MOTHER FATHER

12. Name Thomas Steele

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

14. Maiden name Holland Allman

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

16. (a) Informant Lorene Steele

(b) Address Valley Park Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Baeringer Mo

19. (a) JAN 19 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17, year 1946 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from Apr. 5 - 1944 / 19 to Jan 15 1946 that I last saw him alive on Jan 15 - 1946 19 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to Cardio-Renal-Vascular Disease.

Other conditions (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

23. Signature E. M. Voss (M. D. or other) D.C.

Address 147 W Jefferson Kirkwood Mo Date signed 1-18-46

(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.....Rex Campbell.....

Licensed Embalmer No.....3881.....

P. O. Address.....St. Louis 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.