

FILED JAN 25 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 343

1. PLACE OF DEATH:

(a) County E. St. Louis
(b) City or town E. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town E. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 203 East Broadway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SARAH STEELE

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 5. Color or race Col.
6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased January 9, 1897
(Month) (Day) (Year)

8. AGE: Years 49 Months 0 Days 5
If less than one day hr. _____ min. _____

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

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Charlie Walker

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

14. Maiden name unknown

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

16. (a) Informant Lucella Huntley

(b) Address 203 E. Broadway

17. (a) Removal (b) Date thereof 1-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis Douglas Cemetery

18. (a) Signature of funeral director C. J. Nash

(b) Address 11 N. 13th St.

19. (a) JAN 17 1946 (b) J. P. Bressler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14
year 1946 hour 19 minute 40 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him ~~alive~~ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Shock 2-43 degrees Duration _____
burns of about 75% of body
when he was caught fire from
explosion in his home in East St.
2 days old. ear was cut
Due to date unknown

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

Major findings: Of operations 181

Of autopsy 15

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) Accident

(b) Date of occurrence unknown 1-26

(c) Where did injury occur? East St. Louis Ill
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? _____ (Specify type of place)
(e) Means of injury as above

23. Signature Patrick E. Taylor (M. D. or other)

Address Deputy Coroner Date signed 1-17-46

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

17
9

00

315

977
NR
2

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.....

W. James Nash Registered Apprentice No. *394*
working under my personal supervision.

Signed *C. J. Nash*

Licensed Embalmer No. *2432*

P. O. Address. *3847 Page*

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.