

No. 2
A-5-43
5-17-39
1 X36671

FILED APR 14 1947

Registration District No. **318**

Primary Registration District No. **1002**

Registrar's No. **3581**

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

1. PLACE OF DEATH, **St Louis**

(a) County.....**St Louis**

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

(c) Name of hospital or institution:
1124 N. 19thst, St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....**8 Yrs.** (Specify whether years, months or days)

In this community.....**8 Yrs.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Annie Steele**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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 (Day) (Year)

7. Birth date of deceased..... **Nov 5 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71	4	26	hr. min.
-----------	----------	-----------	----------

9. Birthplace **Foley Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Domestic**

MOTHER FATHER

11. Industry or business.....

12. Name **Perry Wilson** 9

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

14. Maiden name.....

15. Birthplace **Sarah ?** 9 (City, town, or county) (State or foreign country)

16. (a) Informant **Pearl Howard**

(b) Address **1124 a N.19th, St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-5-47** (Month) (Day) (Year)

(c) Place: burial or cremation **Funeral Home**

18. (a) Signature of funeral director **Ellis Fun, Home**

(b) Address **2820 Stoddard St.**

19. (a) **APR 4 1947** (Date received local registrar) (b) **J. F. Bredek** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **and**

(c) City or town **St Louis** **2 1/2**

(d) Street No. **1124 N, 19th, St.** (If outside city or town limits, write "RURAL") **9**

(e) Citizen of foreign country?..... (Yes or No) **1**

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **1st,** year **1947** hour **3/30** minute..... P. M.

21. I hereby certify that I attended the deceased from **3-28** to **4-1-47** and that death occurred on the date and hour stated above.

Immediate cause of death..... **Lobar Pneumonia**

Hypertensive

Heart Disease

Myocardial

decompensation

Other conditions..... (include pregnancy within 3 months of death)

Duration

Major findings: Of operations..... **None**

Of autopsy..... **None**

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)..... **no**

(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?..... (Specify type of place)

(e) Means of injury.....

23. Signature **Robert M. Scott** (and other) **0**

Address **3007 Easton** Signed **4/2/47**

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 Lonnie Boykin

Licensed Embalmer No. 2946

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.