

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution..... JEWISH 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 Steele, Low

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife..... Ray Steele 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... UNKNOWN  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
about 78 - - - - - hr. min.

9. Birthplace..... ST. LOUIS, MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Retired

11. Industry or business.....

12. Name..... UNKNOWN

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

14. Maiden name..... UNKNOWN

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

16. (a) Informant..... Jessie Steele

(b) Address..... 6330 Northwood

17. (a) Burial (b) Date thereof: 12-14-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... MT. OLIVE Cem.

18. (a) Signature of funeral director..... Herman Rudolph

(b) Address..... 5216 Duquesne Blvd.

19. (a) DEC 13 1947 (b) J. P. Braden  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MISSOURI (b) County..... 000  
(c) City or town..... ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5166A CATES  
12 (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12 year 1947 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from 11/25/47 to 12/12/47 that I last saw him alive on 12/12/47 and that death occurred on the date and hour stated above.

Immediate cause of death..... Cardiac failure

Due to..... Carcinoma of descending colon

Due to.....

Other conditions..... (Include pregnancy within 3 months of death) None

Major findings: Of operations.....

Of autopsy..... Carcinoma of descending colon

PHYSICIAN

Underline the cause of 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?..... (Specify type of place) Means of injury.....

23. Signature Burton Shatz (M. D. Shatz)

Address Jewish Hosp. Date signed 12/18/47

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

MOTHER FATHER

*[Handwritten signature]*

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**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..... *John Ketter* .....  
Licensed Embalmer No. *3880* .....  
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.