

10-47
7-39
3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUN 7 1948

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **18050**
Registrar's No. **4942**

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.....
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 25 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Clara Steele

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

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

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

7. Birth date of deceased Dec. 28 1947
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>IX</u> | <u>4</u> | <u>7</u> | hr. _____ min. |

9. Birthplace Missouri 6
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

MOTHER { 12. Name E. V. Steele

13. Birthplace Miss. 1
(City, town, or county) (State or foreign country)

14. Maiden name Louise Perkins

15. Birthplace Miss. 1
(City, town, or county) (State or foreign country)

FATHER { 16. (a) Informant Elizabeth Rhodes

(b) Address 2601 N Whittier

17. (a) Anatomical Board (b) Date thereof MAY 31 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical Board

18. Signature of Roland Mortuary Service
 (a) Address 4104 Manchester Ave.

19. (a) MAY 31 1948 J. F. Brant
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County osc

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2318 Carr St 9
21 (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
 year 1948 hour 8 minute 40 a.m.

21. I hereby certify that I attended the deceased from April 10, 19 48 to May 5, 19 48,
 that I last saw her alive on May 5, 19 48
 and that death occurred on the date and hour stated above.

Immediate cause of death Diarrhea, Malnutrition a
and Dehydration Duration

Due to _____

Due to _____

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

PHYSICIAN

Major findings:
 Of operations _____

Of autopsy No

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? _____ (Specify type of place)

Means of injury _____

23. Signed Raymond Sawyer 0 (M. D. or other)
 Address 2601 N Whittier Date signed 5/6/48

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.....

Licensed Embalmer No.....

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.