

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10691  
State File No. 2083  
Registrar's No.

318

1003

|  |  |   |  |   |  |  |  |
|--|--|---|--|---|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. _____  |  | PRIMARY REG. DIST. NO. _____  |  | Registrar's No. _____  |  |
| I. PLACE OF DEATH<br>a. COUNTY <u>St. Louis MO</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MO.</u> b. COUNTY <u>St. Louis Co.</u> |  |  |  |
| b. CITY (If outside corporate limits, write R.U.R. and give township)<br><u>St. Louis MO</u>   |  | c. LENGTH OF STAY (in this place)<br><u>11</u>  |  | c. CITY (If outside corporate limits, write R.U.R. and give township)<br><u>St. Louis Co.</u>   |  | 19   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br><u>3131 S. La Grange</u>   |  |   |  | d. STREET ADDRESS (If rural, give location)<br><u>3131 S. La Grange</u>   |  |  |  |
| NAME OF DECEASED (Type or Print)<br><u>Robert Steele</u>   |  | b. (First)<br><u>Robert</u>   |  | 5. (Middle)<br><u>Steele</u>  |  | 6. (Last)<br><u>Steele</u>   |  |
| 4. DATE OF DEATH (Month) (Day) (Year)<br><u>3 2 1949</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Single</u>   |  | 8. DATE OF BIRTH<br><u>5-1-1884</u>   |  | 9. AGE (In years last birthday) <u>64</u>                                |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Laborer</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (State or foreign country)<br><u>Tylor Ala.</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>1</u>                                 |  |
| 13a. FATHER'S NAME<br><u>Jim Steele</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Single</u>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)<br><u>NO</u>  |  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>William Steele</u>  |  | ADDRESS<br><u>2327 Virginia St. Evansville Ind.</u>                      |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a); (b); and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                    |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) <u>Labor Pneumonia</u><br><br>DUE TO (c) <u>Absence of Lung - Unknown cause</u> |  |   |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>100%</u>   |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>St. Louis MO</u>  |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?<br><u>100%</u>   |  |  |  |
| 22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on <u>Mar 2</u> , 19 <u>49</u> and that death occurred at <u>9:56 PM</u> from the causes and on the date stated above. |  |   |  |   |  |  |  |
| 23a. SIGNATURE (Degree or title)<br><u>Walter Perry Royal Esq.</u>   |  |   |  | 23b. ADDRESS<br><u>1300 Clark</u>   |  | 23c. DATE SIGNED<br><u>3/5/49</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)  |  | 24b. DATE<br><u>3-8-49</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Dakdale Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>St Louis Co, MO</u>  |  |
| DATE REC'D BY LOCAL REG.<br><u>MAR 5 1949</u>  |  | REGISTRAR'S SIGNATURE<br><u>J. B. Rosarier</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>GUSHOWE 2930 Dickson St.</u>   |  |  |  |

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

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ralph M Henson

Licensed Embalmer No. 3791

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.**