

FILED JUN 5 1951

STANDARD CERTIFICATE OF DEATH

State File No. 18634
4743

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Mo. Baptist Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.**
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
d. STREET ADDRESS (If rural, give location) **5112 Cates Ave.**

3. NAME OF DECEASED
a. (First) **Ruth**
b. (Middle) **Thompson**
c. (Last) **Steele**

4. DATE OF DEATH (Month) (Day) (Year)
May 20 1951

5. SEX **female**
6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH **July 3 1888**

9. AGE (In years last birthday) **62**
UNDER 1 YEAR Months _____
UNDER 1 YEAR Days _____
UNDER 1 HR. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country)
Mt. Vernon Ind.

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **Ernest L. Ponder**

13b. MOTHER'S MAIDEN NAME **Lulu C. Carroll**

14. NAME OF HUSBAND OR WIFE **Ray N. Steele**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Ray N. Steele, 5112 Cates Ave.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Intraperitoneal and bowel hemorrhage.**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Carcinomatosis (primary site ovary)**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION **12/2/48**

19b. MAJOR FINDINGS OF OPERATION **Ca. ovary. Multiple metastases in omentum and pelvis.**

20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **175X**

22. I hereby certify that I attended the deceased from **Nov. 15, 1948**, to **May 20, 1951**, that I last saw the deceased alive on **May 20, 1951**, and that death occurred at **5:30p** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Charles H. Herwig, M.D.

23b. ADDRESS **3720 Washington Blvd.**

23c. DATE SIGNED **5/21/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial**

24b. DATE **5/23/51**

24c. NAME OF CEMETERY OR CREMATORY **Valhalla Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Louis Co. Mo.**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE
MAY 21 1951 J. B. Sassetta

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Drehmann-Harral, 1905 Union Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Charles Sherwin,
Beaumont Bldg.

(3 to 5)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Albert R. Thompson

Signed.....

Student Embalmer

Licensed Embalmer No. *4237*

P. O. Address *St. Louis*

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.