

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 25335  
Registrar's No. 5657

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town or town St. Louis, Missouri)		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS 2119</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>				STREET ADDRESS (If rural, give location) <b>3811 Kennerly</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>GEORGE</b>		b. (Middle) _____		c. (Last) <b>STEAHLE</b>	
4. DATE OF DEATH		(Month) <b>JUNE</b>		(Day) <b>20</b>		(Year) <b>1951</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>July 29, 1898</b>		9. AGE (In years last birthday) <b>52</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CUSTODIAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BOARD OF EDUCATION</b>		11. BIRTHPLACE (State or foreign country) <b>TRENTON ILL.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Gotlieb Steahle</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Ebel</b>		14. NAME OF HUSBAND OR WIFE <b>KATHRYN E. Steahle</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>KATHRYN E. Steahle</b> ADDRESS <b>3811 Kennerly</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Rectum with abdominal carcinomatosis</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>carcinomatosis</b>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <b>12-18-50</b>		19b. MAJOR FINDINGS OF OPERATION <b>Ca Rectum &amp; abd. spread</b>				20. AUTOPSY? YES <input checked="" 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) _____			
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? <b>157HX</b>			
22. I hereby certify that I attended the deceased from <b>4-5-51</b> , 19____, to <b>6-20-51</b> , 19____, that I last saw the deceased alive on <b>6-20-51</b> , 19____, and that death occurred at <b>2338 Bm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Joseph O. Peden</b> (Degree or title) _____		23b. ADDRESS <b>1515 Lafayette Avenue</b>		23c. DATE SIGNED <b>6-21-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>6/23/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo</b>	
DATE REC'D BY LOCAL REG. <b>JUN 22 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Lazare</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Street-Carrall</b> ADDRESS <b>4606 Nat'l. Bldg.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE MAINLY—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 John J. Haines  
Licensed Embalmer No. 4108

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.