

FILED JUL 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26362
Registrar's No. 6320

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		2199
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4244 WASHINGTON</u>			d. STREET ADDRESS (If rural, give location) <u>19 4244 WASHINGTON</u>		
3. NAME OF DECEASED (Type or Print) <u>WILLIAM</u>		a. (First)	b. (Middle)	c. (Last) <u>STEELE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6 - 30 - 52</u>
5. SEX <u>2</u> <u>MALE</u>	6. COLOR OR RACE <u>COL.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>1-10-1873</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Steel Foundry Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SCULLINS</u>	11. BIRTHPLACE (State or foreign country) <u>GEORGIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>1</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Georgia</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or for unknown) (If specify year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. Georgia Steele</u>		

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)		DUE TO (b) <u>Cerebral Sclerosis</u>			
*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) <u>Arteriosclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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)		
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? <u>4201</u>		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 906 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter P. ...</u>		(Degree or title) <u>3</u>	23b. ADDRESS <u>1300-Clark</u>	23c. DATE SIGNED <u>7/2/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>7-5-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WASHINGTON PARK</u>	24d. LOCATION (City, town, or county) (State) <u>5500 BROWN ROAD MO</u>	
DATE REC'D BY LOCAL REG. <u>JUL 2 1952</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. W. Breece</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 Frederick P. Starks

Licensed Embalmer No. 4599

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.