

FILED SEP 25 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33760

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2307

|   |                                  |   |   |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Pine Lawn</u>   |                                  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>St. Louis</u> <u>2179</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lady of Good Council</u>   |                                  | d. STREET ADDRESS (If rural, give location)<br><u>17</u> <u>3011 Lafayette Ave.</u> <u>1</u>  |   |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>T.</u> c. (Last) <u>Steele</u>   |                                  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>9/4/52</u>                             |
| 5. SEX<br><u>Fem. /</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, <del>WIDOWED</del> (Specify)<br><u>Widowed 2</u>  | 8. DATE OF BIRTH<br><u>July 11, 1890</u>  |
| 9. AGE (In years last birthday) <u>82</u>   |                                  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>St. Louis, Mo. 0</u>         |
| 10a. USUAL OCCUPATION   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Home</u>  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |
| 13a. FATHER'S NAME<br><u>Thomas Staed</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Bridget Heiland</u>   | 14. NAME OF HUSBAND OR WIFE<br><u>Richard Steele</u>                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>none</u>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Lucy E. Staed 3011 Lafayette Ave.</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.                   |                                  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u><br><br>ANTECEDENT CAUSES<br>Mortid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerosis</u><br>DUE TO (c) <u>4201</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Senility.</u> |   |
| 19a. DATE OF OPERATION<br><u>None</u>   |                                  | 19b. MAJOR FINDINGS OF OPERATION<br><u>none</u>   |   |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                                  |   |   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><u>no</u>   |                                  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>none</u>   |   |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |                                  |   |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><u>none</u>  |                                  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   |
| 21f. HOW DID INJURY OCCUR?<br><u>none</u>   |                                  |   |   |
| 22. I hereby certify that I attended the deceased from <u>July 1952 to Sept 4, 1952</u> , that I last saw the deceased alive on <u>Sept 3, 1952</u> and that death occurred at <u>9:15 a.m.</u> , from the causes and on the date stated above. |                                  |   |   |
| 23a. SIGNATURE (Degree or title)<br><u>J. R. Staedle</u>  |                                  | 23b. ADDRESS<br><u>W 400 7124 Natural Bridge</u>  |   |
| 23c. DATE SIGNED<br><u>9-4-52</u>   |                                  |   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal IL</u>  |                                  | 24b. DATE<br><u>9/6/52</u>  |   |
| 24c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary</u>  |                                  | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis, Mo.</u>  |   |
| DATE REC'D BY LOCAL REG.<br><u>9-5-52</u>   |                                  | REGISTRAR'S SIGNATURE<br><u>Herbert R. Donke MD</u>   |   |
| 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>E. J. Schuur</u>   |                                  | ADDRESS<br><u>3125 Lafayette Ave.</u>   |   |

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

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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 Jan B. Hollmer

Licensed Embalmer No. 41014

P. O. Address 3125 La Jolla

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.