

No. 300
10-48

4000

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

FILED DEC 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44813

State File No.

XC 4269061
REG #114893

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3166

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS</u>		c. CITY OR TOWN <u>GODFREY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>30 DAYS</u>		e. STREET ADDRESS (If rural, give location) <u>MICHAEL DRIVE ROUTE #2</u> 8120	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <u>VETERANS ADMINISTRATION HOSP</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DENJAMIN</u>	b. (Middle) <u>C.</u>	c. (Last) <u>STEELE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-10-53</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>11-2-14</u>	9. AGE (In years last birthday) <u>39</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>RUSHVILLE, ILL.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>CLYDE STEELE</u>	13b. MOTHER'S MAIDEN NAME <u>LILLIE LOGEE</u>	14. NAME OF HUSBAND OR WIFE <u>HELENE R. STEELE</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW II</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS, JEFF. BRKS., MO.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PARAPLEGIC WITH URINARY INCONTINENCE</u> 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	19b. MAJOR FINDINGS OF OPERATION <u>352X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>VA</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11-10-53, 1953, to 12-10-53, 1953, and that death occurred at 1:35 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>OTTO K. THIELE (OK) While MD</u>	23b. ADDRESS <u>VAH JEFFERSON BARRACKS, MO.</u>	23c. DATE SIGNED <u>12-10-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIED</u>	24b. DATE <u>12-12-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK WOOD CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ALTON, ILLINOIS</u>
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DATE REC'D BY LOCAL REG. <u>12/11/53</u>	REGISTRAR'S SIGNATURE <u>Heather B. Slomkowski</u>	2. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paugh A. Bent - Alton, Ill.</u>
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(Licensed Embalmer's Statement on Reverse Side)

MAY 1 1957

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.....
Signature of Student Embalmer

Signed *Albert Mayfield*

Licensed Embalmer No. *307*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.