

REG. #116859

FILED APR 7 1954

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **300** Registrar's No. **729**

1. PLACE OF DEATH a. COUNTY ST. LOUIS,				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY Bond.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (in this place) 34 DAYS		c. CITY OR TOWN SORENTO		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL				e. STREET ADDRESS (If rural, give location) UNKNOWN			
3. NAME OF DECEASED (Type or Print) a. (First) Aaron b. (Middle) Ranson c. (Last) Steele			4. DATE OF DEATH (Month) (Day) (Year) 3-20-54				
5. SEX MALE	6. COLOR (OR RACE) WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-19-92		9. AGE (In years last birthday) 61 YRS.	# UNDER 1 YEAR Months	# UNDER 2 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD TRACK WORKER		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD		11. BIRTHPLACE (City and State or Foreign Country) BOND COUNTY, ILL.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME CHARLES S. STEELE			13b. MOTHER'S MAIDEN NAME ANN FENTON		14. NAME OF HUSBAND OR WIFE PEARL STEELE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW-I		16. SOCIAL SECURITY NO. 355-09-6605		17. INFORMANT'S SIGNATURE OR NAME. ADDRESS VA HOSPITAL RECORDS, JEFF. BRKS. MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF STOMACH, UNDIFFERENTIATED WITH METASTASES					INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	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 151X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?		
22. I hereby certify that VA VA attended the deceased from 2-14- , 19 54 , to 3-20- , 19 54 , and that death occurred at 7:45 pm., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert C. Hoppe M.D.				23b. ADDRESS VET. ADM. HOSP., JEFF. BRKS., MO.		23c. DATE SIGNED 3-20-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-22-54	24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Sorento, Illinois,		
DATE REC'D BY LOCAL REG. 3/22/54		REGISTRAR'S SIGNATURE Herbert K. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.			

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

No. 300
10.48

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.....
Fred J. Farmer

Licensed Embalmer No. *47*

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.