

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21307

State File No.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4725

| | | | | | | | |
|---|---------------------------|---|-----------------------------------|---|---|----------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. | | b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Mo.) | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4451 Castleman Ave. | | e. STREET ADDRESS (If rural, give location) 4451 Castleman Ave. | | 2179 | | | |
| 3. NAME OF DECEASED (Type or Print) Adela | | a. (First) -- | | b. (Middle) -- | | | |
| c. (Last) Steele | | 4. DATE OF DEATH | | (Month) (Day) (Year) May 27, 1954. | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Jan. 22, 1868 | 9. AGE (In years last birthday) 86 | IF UNDER 1 YEAR Months Days Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY At Home. | | 11. BIRTHPLACE (City and State or Foreign Country) Wingo Kentucky | | | |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME Ike Vaughan | | 13b. MOTHER'S MAIDEN NAME Caroline Morgan | | | |
| 14. NAME OF HUSBAND OR WIFE Albert Steele (DCSD) | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. | | 16. SOCIAL SECURITY NO. None | | | |
| 17. INFORMANT'S SIGNATURE OR NAME Bessie Byrd | | ADDRESS 4451 Castleman Ave. | | | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure Cancer of Divertic bladder & Kidneys ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 175X | | | |
| 22. I hereby certify that I attended the deceased from Jan 16, 1954, to May 27, 1954, that I last saw the deceased alive on May 25, 1954, and that death occurred at 3 A. m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE R.W. Jackson Do. | | (Degree or title) | | 23b. ADDRESS #3546a Hawaii | | | |
| 23c. DATE SIGNED 5-27-54 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 5-27-54 | | | |
| 24c. NAME OF CEMETERY OR CREMATORY Cuba | | 24d. LOCATION (City, town, or county) Mayfield Kentucky. | | (State) | | | |
| DATE REC'D BY LOCAL REG. MAY 27 1954 | | REGISTRAR'S SIGNATURE J. C. Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe | | | |
| | | | | ADDRESS 4700 Washington. | | | |

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 41
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.