

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034356

STATE FILE NUMBER

FILED OCT 13 1959

Primary Registration District No. _____ Registrar's No. **2-8652**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Length of stay in 1b 7 Days		c. CITY OR TOWN Bel - Nor	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess HOSP.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 7707 Brocton Ct.	
3. NAME OF DECEASED (Type or print) First Middle Last ROXIE A STEELMAN				4. DATE OF DEATH Month Day Year Sept 19 1959			
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/17/1897	
9. AGE (last birthday) 62		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Batavia Ohio	
12. CITIZEN OF WHAT COUNTRY U.S.A.							
13a. FATHER'S NAME John Moore				13b. MOTHER'S MAIDEN NAME Ada Atchley		14. NAME OF HUSBAND OR WIFE Mr. John L. Steelman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Mr. John L. Steelman 7707 Brocton Ct.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Carcinomatosis							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Primary site of carcinoma undetermined DUE TO (c) 199.2							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 1954 to Sept 1959 and last saw her ^{him} alive on 9-18-59 Death occurred at 4:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Herman C. Ross M.D.				22b. ADDRESS 1695 Bendwood Blvd.		22c. DATE SIGNED 9-19-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Bail		23b. DATE 9/20/1959		23c. NAME OF CEMETERY OR CREMATORY Batavia Cemetery		23d. LOCATION (City, town, or county) (State) Batavia Ohio.	
24. FUNERAL DIRECTOR ADDRESS Calvin F. Feutz Funeral Home, 4828 Natural Bridge Blvd. St. Louis Mo.				25. DATE RECD. BY LOCAL REG. 9-20-1959		26. REGISTRAR'S SIGNATURE Loan Smith, M.D. <i>mjb</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Ralph C. Lindes

Licensed Embalmer No. 4275
P. O. Address St Louis Mo

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.