

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

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**FILED VS JAN - 4 1960**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST LOUIS, MISSOURI</b>		c. CITY OR TOWN <b>St. Louis</b>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST LOUIS CITY HOSP # 1</b>		d. STREET ADDRESS (if outside, give location) <b>2800 Caroline</b>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Howard (Howard Henton) Steel</b>			4. DATE OF DEATH Month Day Year <b>December 15th, 1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-17-27</b>
9. AGE (last birthday) <b>32</b>		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) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis Mo</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Claude Henton</b>	
13b. MOTHER'S MAIDEN NAME <b>Margaret Wagoner</b>		14. NAME OF HUSBAND OR WIFE <b>Pearline Steel</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Korean</b>		16. SOCIAL SECURITY NO. <b>581.1</b>	
17. INFORMANT Address <b>Margaret Fields-4545 McPherson</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute hemorrhage</b> DUE TO (b) <b>prob. esophageal varix</b> DUE TO (c) <b>portal cirrhosis (alcoholic type)</b> 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 type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.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 <b>12-7-59</b> to <b>12-15-59</b> and last saw her/him alive on <b>12-15-59</b>		Death occurred at <b>8:05 P.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>Nicholas Owey M.D.</b>		22b. ADDRESS <b>1515 Lafayette Ave.</b>	
22c. DATE SIGNED <b>12-15-59</b>		23a. BURIAL CREMATION, REMOVAL (Specify city) <b>Removal</b>	
23b. DATE <b>12-28-59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	
23d. LOCATION (City, town, or county) (State) <b>Jefferson Barrack, Mo.</b>		24. FUNERAL DIRECTOR ADDRESS <b>A.L. Beal Und. -4303 Delmar</b>	
25. DATE RECD. BY LOCAL REG. <b>DEC 19 1959</b>		26. REGISTRAR'S SIGNATURE <b>Loan Smith M.D.</b>	

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 \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Arthur P. Heilke

Licensed Embalmer No. 4221

P. O. Address 3100 Coasta

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.