

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

To be taken to Coroner  
**FEB 24 1936**

**MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH**

Do not use this space.

2852

1. PLACE OF DEATH  
 County St. Louis Registration District No. 790  
 Township Clayton Primary Registration District No. 6033E  
 City Clayton (No. St. Louis County) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mary Steadman  
 (a) Residence, No. 1521 Wallston Ave. St. Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph E. Steadman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 11, 1867</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>10</u>
	DAYS <u>26</u>	IF LESS than 1 day, hrs. min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At home</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Wales, England</u>		
FATHER	13. NAME <u>Markland</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Wales, England</u>	
MOTHER	15. MAIDEN NAME <u>Mary Davis</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Wales, England</u>	
17. INFORMANT <u>Mr. Arthur A. Bayless</u> (ADDRESS) <u>1523 Wallston Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove Cemetery</u> DATE <u>January 14, 1936</u>		
19. UNDERTAKER <u>Geo. L. Olitsch, Inc.</u> (ADDRESS) <u>5946 Eastern Ave.</u>		
20. FILED <u>1/19</u> , 19 <u>36</u> <u>J. D. J. Signorella</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/11/36, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/10/36, 1936, to 1/11/36, 1936.  
 I last saw her alive on 1/11/36, 1936. Death is said to have occurred on the date stated above, at 8:40 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis  
OVER  
 Other contributory causes of importance:  
Generalized arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ (Was there an autopsy?) \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1936  
 Where did injury occur \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) Wm. W. Weber, M. D.  
 (Address) St. Louis County Hosp. Clayton, Mo.

This patient was under the constant care of Dr. I.L. Davis, Poe Bldg. Wellston, Mo. for past six months. In last illness was in comatose condition and necessary to be hospitalized and was sent to County Hospital where he promptly expired. Any further information can be had by getting in touch with Dr. Davis.