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.

I X7044

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

SEP 29 1936

Do not use this space.

33275

1. PLACE OF DEATH
County St. Louis — Registration District No. 1160 — File No.
Township — Primary Registration District No. 4470 — Registered No. 92
City University City (No. 6600, Washington St. Ward)

2. FULL NAME Lucinda Agnes Steele
(a) Residence, No. 6600 Washington St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: George T. Steele

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 21, 1854

7. AGE: YEARS 82 — MONTHS 4 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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): Sparta Illinois

FATHER
13. NAME: Edmond Hill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Hampshire

MOTHER
15. MAIDEN NAME: Lucinda Steele
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Mr. W. W. Steele, 4133 Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem DATE Aug 31 1936

19. UNDERTAKER (ADDRESS): Shepard Funeral Home, 1167 Hamilton Avenue

20. FILED Aug 31 1936 Lena V. Moeller D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from ~~1930~~ Apr, 1930, to Aug 29, 1936
I last saw her alive on Aug 29, 1936 Death is said to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis (chronic) — Date of onset

181

Other contributory causes of importance: Nephritis (chronic)

Name of operation none Date of
What test confirmed diagnosis? Phys Ex Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19
Where did injury occur? no (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) J S Homan, M. D.
(Address) 5602 Delmar Ave

0063