

Emma Steele-deceased.

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

5398
Do not use this space.

1939 MAR 9 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 71002 Registered No. 597
 (c) City Kansas City, Mo. (d) Street No. 4659 Vineyard Rd St. _____
 (If death occurred in hospital or institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 4659 Vineyard Rd St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Steele
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28 1867
 7. AGE YEARS 71 MONTHS 4 DAYS 14 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1939
 22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1939 to Feb. 12 1939
 I first saw her alive on Feb 12 1939 Death is said to have occurred on the date stated above, at 2:45 a.m.

8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset Feb. 8, 1939
93C

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

Other contributory causes of importance:
Coronary thrombosis and myocardial degeneration Jan 30 1939

FATHER 13. NAME No Record

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER 15. MAIDEN NAME No Record

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Ernest J. Hornberger (ADDRESS) 4659 Vineyard Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Houston, Texas DATE Feb. 13th 1939

19. FUNERAL DIRECTOR (NAME) Mrs. C. L. Forster (ADDRESS) 918 Brooklyn Avenue, K.C. Mo.

20. FILED 7 12 19 39 M. M. Brown Local Registrar.

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 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? No
 If so, specify John S. Caldwell M. D.
 (Signed) John S. Caldwell
 (Address) 636 Argyle Bldg.

Kansas City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. If death occurred in hospital or institution, write its name instead of street and number. If nonresident, give city or town and State. Licensed Embalmer's Statement on Reverse Side.

File 35550 5-2-43

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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 this body is not embalmed, above space should be left blank.