

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41850  
10973

JAN 12 1940 791  
Registration District No. 1008

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: 1  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(c) Name of hospital or institution: Lutheran Hospital  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether years, months or days) 8 years

2. USUAL RESIDENCE OF DECEASED: 1  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 19  
(d) Street No. 4389 Forest Park Blvd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Ida Steele 340  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 23  
year 1939 hour 8 minute 30 AM.  
21. I hereby certify that I attended the deceased from Oct 16, 1939 to Dec 23, 1939.  
that I last saw her alive on Dec 23, 1939 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife George R. Steele 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased Feb. 1, 1874  
(Month) (Day) (Year)

Immediate cause of death  
Chronic Cholecystitis  
Carcinoma ascending  
Due to Colon Duration 15 yrs  
Due to \_\_\_\_\_ 3 yrs

8. AGE: Years Months Days If less than one day  
65 10 22 hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 6 months of death)  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_

9. Birthplace Centralia Ill.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

Major findings:  
Of operations Cholecystitis  
Carcinoma Ascending Colon  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Henry Meltner  
13. Birthplace Centralia Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Sophia Ouzel  
15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant's own signature Geo. B. Steele  
(b) Address 4389 Forest Park  
17. (a) Burial (b) Date thereof 12-26-39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove Cemetery  
18. (a) Signature of funeral director Alexander Son  
(b) Address 6175 Delmar Blvd.  
19. (a) DEC 25 1939 (b) J. F. Budick  
(Discovered local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Adam G. Youngman (M.D. number) M.D.  
Address 5439 Gharvis Date signed 12/24/39

54397  
Pa. 1340

**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.....

*J.W. Binkley*

Licensed Embalmer No. ....

*3653*

P. O. Address.....

*St. Louis*

**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.**