

Registration District No. 791

Primary Registration District No. 1009

Registrar's No. 4952

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jennie Steele

3. (b) If veteran, name war 710 3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Will Steele 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Mar 9, 1888
(Month) (Day) (Year)

8. AGE: Years 52 Months 3 Days 30 If less than one day hr. _____ min. _____

9. Birthplace Pacific (City, town, or county) MO (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____

12. Name Unknown

13. Birthplace " (City, town, or county) Unknown (State or foreign country)

14. Maiden name Unknown

15. Birthplace " (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Will Steele

(b) Address 3309 Lucas Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Hickman FR

18. (a) Signature of funeral director English Und. Co

(b) Address 2931 Lucas Ave

19. (a) JUN 8 1940 (Date of filing) (b) J. P. Bullock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 21
(d) Street No. 3309 Lucas Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 1
year 1940 hour 12 minute 50 A. M.

21. I hereby certify that I attended the deceased from 5-25- 19 40 to 6-1- 19 40;
that I last saw her alive on 6-1- 19 40;
and that death occurred on the date and hour stated above.

Immediate cause of death Essential Hypertension About Cerebral Hemorrhage
Duration Unknown
8 days

Due to Tumor of Breast, Lt. non- Unknown

Due to malignant

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g2a

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

While at work _____ (Specify type of physical injury) _____

23. Signature J. P. Bullock (M. D. or other) 0-4-40
Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.