

FILED AUG 25 1942 791

STANDARD CERTIFICATE OF DEATH

State File No. 6859

6859

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(c) Name of hospital or institution
4864 Kossuth Ave. /
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 100
(c) City or town St. Louis
(d) Street No. 4864 Kossuth Ave.
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lena Steel

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Adrian 6. (c) Age of husband or wife if alive years
Joseph Steel

7. Birth date of deceased Jan. 15 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 6 28 hr. min.

9. Birthplace Des. Arc. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Joseph Omohundro

13. Birthplace Va. /
(City, town, or county) (State or foreign country)

14. Maiden name Adeline Cole
Birthplace Va. /
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Steel
(b) Address 4864 Kossuth

17. (a) Burial (b) Date thereof 8-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Desoto Mo.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) AUG 14 1942 (b) J. F. Busch
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13
year 1942 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from Aug 21 - 1942 to Aug 13 1942
that I last saw her alive on Aug 13 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Failure - Duration 3 hrs.

Due to Myocarditis, Chronic Hypertension

Due to Arteriosclerosis, General

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 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 place) (r) Means of injury

23. Signature Heruque M. Meyer (M. D. or other) md
Address 508 N. Grand Date signed 8/14/42

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

MOTHER-FATHER

1-360 p.m.
Warrin A. Carver

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 Warrin A. Carver
Licensed Embalmer No. 3534
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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo. }
County of St. Louis } ss.

State File No. _____
Local Registrar's No. 6859

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 20th day of August, 1942, before me appears Mr. Joseph Steel, who, upon his oath, states that the original record of ^{birth}~~death~~ for his mother ^{died}~~born~~ August 13th, 1942, in the State of Missouri, and which was filed at St. Louis, Mo. on August 14, 1942, should be corrected as follows:

Item No. 6 should read Adrian Steel

Instead of Joseph Steel

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Joseph R. Steel Lawyer
Relationship.

4864 Kossuth Ave.
Present Address.

Subscribed and sworn to before me this 20 day of Aug., 1942

My Commission expires Mar. 4 - 1945 Beal C. Jaddor Notary Public.

Identified by Registration Certificate as Joseph George Steel.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-26218

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