

FILED JAN 13 1943  
Registration District No. **318**

Primary Registration District No. ....

Registrar's No. ....

1. PLACE OF DEATH:  
(a) County Saint Louis  
(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4431 South Broadway /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 25 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED: **11048**  
(a) State Missouri (b) County 000  
(c) City or town Saint Louis **1715**  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4431 South Broadway  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country -- **0**

3. (a) PRINT FULL NAME ELLA J. STEELE  
3. (b) If veteran, name war --  
3. (c) Social Security No. --

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 31  
year 1942 hour 6 minute 30 a.m.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Elmer E. Steele  
6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased October 22 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 31 1942 to Dec 31 1942  
that I last saw u alive on Dec 23 1942  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>2</u>	<u>9</u>	hr. _____ min. _____

Immediate cause of death: Aprophetic Stroke **2 weeks**  
Due to Hypertension **70**  
Due to Arthritis Deformans **3 yrs**

9. Birthplace Salem, Illinois  
(City, town, or county) (State or foreign country)  
10. Usual occupation At home

Other conditions: 82 1/2  
(Include pregnancy within 3 months of death)  
Major findings: none  
Of operations none  
Of autopsy none

11. Industry or business Nil  
12. Name John Morrison  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth (unknown)  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mabel Jones  
(b) Address 4431 S. Broadway, St. Louis, Mo.  
17. (a) Burial (b) Date thereof Jan. 2, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) 760  
(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?

(c) Place: burial or cremation Valhalla Cemetery  
18. (a) Signature of funeral director C. Hoffmann & Co.  
7814 S. Broadway, St. Louis, Mo.  
(b) Address DEC 31 1942  
19. (a) J. P. Prudeak  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury 0  
23. Signature Chest. Nydman (M. D. or other) M.D.  
Address 3720 Washington Date signed 12/31/42

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

MOTHER FATHER

**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.....

*Paul A. Shanklin*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Paul A. Shanklin*.....

Licensed Embalmer No. *3472*.....

P. O. Address *1345 Broadway*.....

**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.**