S. No. 2
M—5-42
5-17-39
I X32875

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8819

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 2855

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

In this community 23 years

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 9 18 (If outside city or town limits, write "RURAL")

(d) Street No. 504 S. Garrison (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Elnora Steele

3. (b) If veteran, name war

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

6. (c) Age of husband or wife if alive years

7. Birth date of deceased MAY (Month) 15 (Day) 1892 (Year)

8. AGE: Years 50 Months 10 Days 5 If less than one day hr. min.

9. Birthplace Guthrie (City, town, or county) KY (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business At Home

MOTHER FATHER

12. Name JOHN SMITH

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

14. Maiden name Lucy Jordan

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

16. (a) Informant George Steele

(b) Address 504 So Garrison Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-43 (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director ATKINS Bros

(b) Address 3644 Finney Ave

19. (a) (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MAR 25 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20, year 1943 hour 8 minute 40 A. M.

21. I hereby certify that I attended the deceased from March 14, 1943 to March 20, 1943 that I last saw her alive on March 20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. Nephritis	Unknown
Due to	
Due to	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature S. E. Smith (M. D. or other)

Address 360 Whittier Date signed 3/23/43

MAR 25 1943

(Licensed Embalmer's Statement on Reverse Side)

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 Av

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.