

FILED APR 15 1943
Registration District No. _____

Primary Registration District No. 101

Registrar's No. 742

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 22 days
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town Kirkwood
(If outside city or town limits, write "RURAL.")
 (d) Street No. 402 S. Fillmore Ave.
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Romeo Steele
 3. (b) If veteran, name war ? 3. (c) Social Security No. ?

4. Sex male 5. Color or race colored 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Louise Duncan Steele 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased Jan. 1 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	2	24	hr. _____ min.

9. Birthplace Richmond County / N. Car.
(City, town, or county) (State or foreign country)

10. Usual occupation Handy Man

11. Industry or business Dr. A.L. Reynolds

12. Name Romeo Steele
 13. Birthplace Unknown / N. Car.
(City, town, or county) (State or foreign country)
 14. Maiden name Charlotte Terry
 15. Birthplace unknown / N. Car.
(City, town, or county) (State or foreign country)

16. (a) Informant Rouise Steele
 (b) Address 402 S. Fillmore Ave. Kirkwood

17. (a) Burial (b) Date thereof 3/30/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation father Dickson Cem

18. (a) Signature of funeral director John H. Hemphill

(b) Address 408 S. Fillmore Ave. Kirkwood

19. (a) 3-30-43 (b) B. G. McEwan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
 year 1943 hour 10 minute 40 A. M.
 21. I hereby certify that I attended the deceased from 3-3-43
 _____, 19, to 3-25-43, 19;
 that I last saw him alive on 3-25-43, 19;
 and that death occurred on the date and hour stated above.

Immediate cause of death: respiratory failure Duration 5 MIN
 Due to lobar pneumonia 10 DAYS
(Type 6)
 Due to pulmonary tuberculosis 10 YRS
 Other conditions urine retention 10 DAYS
(include pregnancy within 3 months of death)
from ruptured urethra

Major findings:
 Of operations _____
 Of autopsy 1381
 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 _____
 Signature Robert A. Hall (M. D. or other) MD
 Address ST. LOUIS COUNTY HOSP. Date signed 3-26-43

OCT 26 1944

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.....

myself

....., Registered Apprentice No.

working under my personal supervision.

Signed *[Signature]*

Licensed Embalmer No. *2266*

P. O. Address *2872 Thomas St*

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.