

REGISTRATION DISTRICT NO. 318

Primary Registration District No. 1003

Registrar's No. 7207

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **one**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
 (c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No..... **4946 Leahy Ave**
(If rural, give location)
 (e) Citizen of foreign country?..... **0** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **William W. Steers**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **12th**
 year **1943** hour **1:45** minute **A** M.

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
 that I last saw him..... alive on....., 19.....
 and that death occurred on the date and hour stated above.

7. Birth date of deceased **July 30, 1881**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 0 13 hr. min.

Immediate cause of death **Hemorrhage due to gunshot wound of stomach, self inflicted, at his home 4946 Leahy Av August 11, 1943, about 11:30 PM**
 Due to **SUICIDE**

9. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Watchman Terminal R. R.**

Other conditions (Include pregnancy within 3 months of death) **11/4**

Major findings: Of operations.....

Of autopsy.....

11. Industry or business.....

MOTHER FATHER { 12. Name **James Steers**

13. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **James Steers**
 (b) Address **4946 Leahy Ave.**

17. (a) Burial **Bellefontaine Cem.** (b) Date thereof **Aug? 14, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cem.**

18. (a) Signature of funeral director **Bromschwig Und. Co.**
 (b) Address **4746 West Florissant Ave.**

19. (a) **AUG 13 1943** (Date received local registrar) **J. F. [Signature]** (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **SUICIDE**

(b) Date of occurrence **8-11-1943**

(c) Where did injury occur? **St. Louis, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work?..... (Specify type of place)
 Means of injury.....

23. Signature **[Signature]** (M. D. or other)
 Address **[Signature]** Date signed **8/15/43**

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.....

E. W. Wilkinson

Licensed Embalmer No. 35-75

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.