FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 13 1948

Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 25062

Registrar's No. 1635

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Wellston (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6519 Hobart Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Wellston (If outside city or town limits, write "RURAL") 0
(d) Street No.: 6519 Hobart Ave. (If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Mary Effie Steele
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Chester Steele
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: January (Month) 15 (Day) 1878 (Year)
8. AGE: Years 70 | Months 6 | Days 13 | If less than one day ..... hr. ..... min.
9. Birthplace: Roodhouse (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....
MOTHER FATHER
12. Name: William J. Tucker
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
14. Maiden name: Emma England
15. Birthplace: Knoxville (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant: Allen Steele
(b) Address: 6519 Hobart Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 7-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Roodhouse, Ill.
18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.
19. (a) 7-30-48 (Date received local registrar) (b) Cecil B. Sharp M.D. (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 28 year 1948 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from 7-14-, 1948, to 7-28-, 1948, that I last saw her alive on 7-27-, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	
Due to: Stokes-Adams Syndrome	2 wks.
Due to: 950	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of 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) 0
While at work? ..... (e) Means of injury .....
23. Signature: Ralph H. Kuth (M. D. or other) M.D.
Address: 16 North Gore Date signed: 7-29-48
Webster Groves, Mo.

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

SEP -1 1948

Room 305

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.