

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35360

State File No.

318

1003

Registrar's No. 8860

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY _____ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place)
St. Louis mo _____
c. CITY (If outside corporate limits, write RURAL and give township)
St. Louis 2217

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Homer Phillips Hospital
e. STREET ADDRESS (If rural, give location)
2737 Lawton Blvd

3. NAME OF DECEASED a. (First) George b. (Middle) Steele c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year)
Oct. 18 1950

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____
8. DATE OF BIRTH Aug. 19, 1885 9. AGE (In years last birthday) 65 1 29 29 29 29

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Doctor 10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) Pa. 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Haroon Steele 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE Edwina Steele

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydronephrosis and Hydro-ureter INTERVAL BETWEEN ONSET AND DEATH Undet.

ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
DUE TO (b) Hypertensive Cardio-vascular Disease
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? A/H 3X

22. I hereby certify that I attended the deceased from 10-16, 19 50, to 10-18, 19 50, that I last saw the deceased alive on 10-18, 19 50, and that death occurred at 4:55a m., from the causes and on the date stated above.

23. SIGNATURE M. J. Lawrence (Degree or title) _____ 23b. ADDRESS 2601 N Whittier St 23c. DATE SIGNED 10-18-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10.23-50 24c. NAME OF CEMETERY OR CREMATORY Washington Park 24d. LOCATION (City, town, or county) (State) St. Louis mo.

DATE RECD BY LOCAL REG. OCT 19 1950 REGISTRAR'S SIGNATURE J. B. Farster 25. FUNERAL DIRECTOR'S SIGNATURE Atties Brod ADDRESS 3644

WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Louis V. Atkins

Signed.....
Student Embalmer

Licensed Embalmer No. 2842

P. O. Address. 3644 Finley Ct

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.