

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17712
Registrar's No. 108

FILED JUN 12 1951

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058

923
0

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

1. PLACE OF DEATH a. COUNTY St. Charles			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Mo. b. COUNTY St. Charles		
b. CITY OR TOWN St. Charles		c. LENGTH OF STAY (in this place) 11 weeks	c. CITY OR TOWN St. Charles		0923
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hosp't			d. STREET ADDRESS (If rural, give location) 735 Jefferson St. 0		
3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Harvey c. (Last) Steed			4. DATE OF DEATH (Month) (Day) (Year) June 3 1951		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 20 1853	9. AGE (In years last birthday) 98	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired RR Ag't.		10b. KIND OF BUSINESS OR INDUSTRY RR	11. BIRTHPLACE (State or foreign country) Philadelphia Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Abram Steed		13b. MOTHER'S MAIDEN NAME Martha Dunn		14. NAME OF HUSBAND OR WIFE Helen L. Steed	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. E.A. Keithly O'Fallon Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion		DUE TO (b) Arteriosclerotic Heart Disease		1 1/2 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Generalized arteriosclerosis				Undet.
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Undet.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4/200				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3/21</u> , 19 <u>51</u> , to <u>6/3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6/3</u> , 19 <u>51</u> , and that death occurred at <u>12:15 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) H.R.M. Intine M.D.			23b. ADDRESS St. Charles, Mo.		23c. DATE SIGNED 6-4-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 6/51	24c. NAME OF CEMETERY OR CREMATORY Oak Grove	24d. LOCATION (City, town, or county) (State) St. Charles Mo.		
DATE REC'D BY LOCAL REG. 6-4-51	REGISTRAR'S SIGNATURE Francine Hammett	25. FUNERAL DIRECTOR'S SIGNATURE Eat Kathy O'Fallon	ADDRESS Mo.		

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUN 3 1951

RECEIVED

AUG 1 1951

OCT 6 1951

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. Keithly

Licensed Embalmer No. 822

P. O. Address O'Fallon Mo.

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.