No. 300
10.48

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

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24153

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 147

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles
c. LENGTH OF STAY (in this place): ----
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ----------

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles
d. STREET ADDRESS (If rural, give location): 735 Jefferson St.

3. NAME OF DECEASED (Type or Print)
a. (First): Helen
b. (Middle): Lyman
c. (Last): Steed

4. DATE OF DEATH (Month) (Day) (Year): July 17 1951

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: June 29 1854
9. AGE (In years last birthday): 97 — If under 1 year: Months 0, Days 18 — If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY: wife
11. BIRTHPLACE (State or foreign country): Holyoke Mass.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Frederick Lyman
13b. MOTHER'S MAIDEN NAME: Whitten
14. NAME OF HUSBAND OR WIFE: H.H.Steed Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Mabel S. Keithly — ADDRESS: O'Fallon Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) ~~Sen~~

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 491X
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-20, 1951, *to* 7-18, 1951, *that I last saw the deceased alive on* 7-18, 1951, *and that death occurred at* 3:00 PM *from the causes and on the date stated above.*

23a. SIGNATURE J. M. Jenkins (Degree or title) M.D.
23b. ADDRESS St. Charles Mo.
23c. DATE SIGNED 7-18-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 20/51
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove
24d. LOCATION (City, town, or county) (State): St. Charles Mo.

DATE REC'D BY LOCAL REG.: 7-18-51
REGISTRAR'S SIGNATURE: Fannie Hamilton
25. FUNERAL DIRECTOR'S SIGNATURE: Earl Keithly — ADDRESS: O'Fallon Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 30 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....

AUG 13 1951

OCT 6
AUG 28 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. A. 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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.