

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25277

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6275

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) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. Homer Phillips		e. STREET ADDRESS (If rural, give location) 21 909a N. 23rd		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) Lenton			b. (Middle) Steele			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) July 10, 1954		
5. SEX M		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan 28, 1917		9. AGE (In years last birthday) 37		10. IF UNDER 1 YEAR Days 6	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY Bldg. Trade				11. BIRTHPLACE (City and State or Foreign Country) Selma, Alabama		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Anthony Steele		13b. MOTHER'S MAIDEN NAME Charlotte Mock		14. NAME OF HUSBAND OR WIFE Beatrice Steele	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World War I		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mamie Greenwood 1411 Adama, Cincinnati, Ohio	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxia induced by P.O. stab wound; shock; suffered when stabbed with knife in hands of one Margaret Patter		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) scuffle in front of about 23rd and Franklin Ave., about 8:45 pm July 9, 1954		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Justifiable Homicide	

21a. PLACE OF INJURY (e.g., in or about home, farm, street, etc.) Street		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 9, 54 8:45 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		E982X	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:35 A.M., from the causes and on the date stated above.

22a. SIGNATURE Joseph J. Deane Deputy Coroner		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 7/12/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Ship		24b. DATE July 12, 1954		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) Cincinnati, Ohio		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS 1221 N. Grand	

DATE REC'D BY LOCAL REG. JUL 12 1954 REGISTRAR'S SIGNATURE Carl Smith M.D. E.R. Kovace (Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Gustav Swan*

Licensed Embalmer No. *450*

P. O. Address *221 N York*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.