FILED SEP 4 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 30046 7684

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 04 BARNES HOSPITAL — Length of stay in Ib: 2169

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3772 A Chippewa — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First WILLIAM Middle GAYLE Last STEELE
4. DATE OF DEATH: Month AUGUST Day 13 Year 1957
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 8-29-1896
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 10 Days 16 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cable Splicer
10b. KIND OF BUSINESS OR INDUSTRY: Bell Tel Co
11. BIRTHPLACE (City and state or country): Kansis City Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Edward Bradley Steele
13b. MOTHER'S MAIDEN NAME: Nellie Egan
14. NAME OF HUSBAND OR WIFE: Deceased Juanita
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.: 488-10-4691
17. INFORMANT: Edward F Steele — Address: 1412 Central Kansis City Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH:
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE — 5 YRS.
DUE TO (c) 420.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): LAENNEC'S CIRRHOSIS 5 YRS.
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from JUNE 26, 1957, to AUGUST 13, 1957 and last saw her/him alive on AUG. 13, 1957
Death occurred at 3:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. L. Vermillion, M.D. (Degree or title) M.D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 8/13/57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 8-16-1957
23c. NAME OF CEMETERY OR CREMATORY: Mount St MaryS Cem.
23d. LOCATION (City, town, or county) (State): Kansis City MO.

24. FUNERAL DIRECTOR: WINGERMUEHLE — ADDRESS: 3819 So Grand Blvd.
25. DATE RECD. BY LOCAL REG.: AUG 15 57
26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be carefully tabulated.

MAR 5 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed George J. Dingbermuth

Licensed Embalmer No. 46

P. O. Address St Louis 18

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.