Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-023784

FILED JUN 27 1958 Registration District No. 208 Primary Registration District No. 1003 Registrar's No. 6165

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, give TOWNSHIP only) OR TOWN St. Louis, Missouri — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St Louis Missouri — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 64 BARNES HOSPITAL — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1069 4801 Cote Brilliante — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First HENRY	Middle NMN	Last STEEL	4. DATE OF DEATH	Month June Day 13, Year 1958
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐	8. DATE OF BIRTH July 9 1898	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Hauling	11. BIRTHPLACE (City and state or country) Ogden Illinois /	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown			
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. Unknown	17. INFORMANT Maude Talbott	Address 365 S Harrison Ave		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Uremia	3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Malignant Hypertension	9 mos.
DUE TO (c)	445.X	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 May 23,1958, to June 13, 1958 and last saw ~~her~~ him alive on June 13,1958

Death occurred at 7:45 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F R Bradley	(Degree or title) M. D. 0	22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 6/15/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 18 1958	23c. NAME OF CEMETERY OR CREMATORY Father Dicksons	23d. LOCATION (City, town, or county) Crestwood (State) Mo
24. FUNERAL DIRECTOR T. T. YANDELL & SONS FUNERAL HOME ADDRESS 177 East Kirkham avenue		25. DATE RECD. BY LOCAL REG. JUN 17 58	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Theodore J. Yande

Licensed Embalmer No. 4

P. O. Address 130 Ele
Webster Groves

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