

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35749

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 4203

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clayton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Vinita Park</b>	
c. LENGTH OF STAY (in this place) <b>D.O.H.</b>		d. STREET ADDRESS (If rural, give location) <b>8275-Albin Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>			
3. NAME OF DECEASED a. (First) <b>William</b> b. (Middle) <b>Mitchell</b> c. (Last) <b>Steele</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 19, 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 5, 1887</b>
9. AGE (In years last birthday) <b>62</b>		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) <b>Maintenance-man</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>A. &amp; P. Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Milford, Penna.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Ann E. (Ded.)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>489-07-7749</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bernard W. Steele</b> ADDRESS <b>8275-Albin Ave-Overland-14-Mo.</b>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>crushing chest and skull injuries,</b> <b>internal injuries and shock - struck</b> ANTECEDENT CAUSES <b>by a streetcar, pedestrian.</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>840.X</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <b>Homicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Streetcar right-of-way</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Overland, St. Louis, Mo. 41</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10 19 49 P m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>see above</b>
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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Arnold J. Willmann</b> (Degree or title) <b>Coroner</b>		23b. ADDRESS <b>Clayton, Mo.</b>	23c. DATE SIGNED <b>10/21/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-22-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Normandy, Mo.</b>
DATE REC'D BY LOCAL REG. <b>10-21-49</b>	REGISTRAR'S SIGNATURE <b>Herbert P. Donald</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Blummann Bros. Inc.</b> ADDRESS <b>2504-Woodson Rd-Overland, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)