

No. 300
M-10-47
r. 5-17-39
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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38673
Registrar's No. 10497

FILED DEC 3 1948
Registration District No. 318

Primary Registration District No. 100

Registrar's No. 10497

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs.
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 714 S. 18th
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Infant Stewart
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 21
year 1948 hour 10:00 minute P. M.
21. I hereby certify that I attended the deceased from 8:00 P.M.
11-21-1948 to 10:00 P.M., 1948
that I last saw her alive on 11-21-1948
and that death occurred on the date and hour stated above.
Immediate cause of death Prematurity
Duration

4. Sex Fem. 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 11 21 48
(Month) (Day) (Year)

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place)
(e) Means of injury

8. AGE: Years Months Days If less than one day
2 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name Otha Lee Stewart
15. Birthplace Clarksdale Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Esther M. Sherard, R.N.
(b) Address 2601 N. Whittier

17. (a) Anatomical Board (b) Date thereof NOV 30 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial Anatomical Board

18. (a) Signature of funeral director Rowland Mortuary Service
(b) Address 4121 Manchester Ave.
NOV 30 1948 J. B. [Signature]
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. Signature W. H. [Signature] (M. D. or D. O.)
Address 2601 N. Whittier 11-24-48
Date Signed

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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