

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10963

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3670</u>		Registrar's No. <u>573</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>ST. LOUIS</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>WEBSTER GROVES</u>		c. LENGTH OF STAY (In this place) <u>10 MONTHS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>WEBSTER GROVES</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7728 SUFFOLK</u>				d. STREET ADDRESS (If rural, give location) <u>7728 SUFFOLK</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>JOHN</u>		b. (Middle) <u>E.</u>	c. (Last) <u>STEWART</u>		(Month) (Day) (Year)	<u>3-3-49</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 12, 1868</u>		9. AGE (In years last birthday) <u>80</u>	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) <u>RETIRED CONDUCTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>		11. BIRTHPLACE (State or foreign country) <u>HALIFAX, NOVA SCOTIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>EVERT STEWART</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA DICKEY</u>		14. NAME OF HUSBAND OR WIFE <u>LORETTO SLOAN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Loretta Stewart 7728 SUFFOLK</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				<u>10 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Hypertensive Encephalopathy</u>				<u>5 years</u>	
		DUE TO (c) <u>Cerebral Arteriosclerosis</u>				<u>5 years</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>U.44-X</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>0300</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 3, 1949</u> to <u>March 3, 1949</u> , that I last saw the deceased alive on <u>Mar 2, 1949</u> and that death occurred at <u>2:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Geo. A. ... M.D.</u>				23b. ADDRESS <u>193 Rockwood ...</u>		23c. DATE SIGNED <u>3/5/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>MARCH 3, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LINWOOD</u>		24d. LOCATION (City, town, or county) (State) <u>DUBUQUE, IOWA</u>		
DATE REC'D BY LOCAL REG. <u>3-5-49</u>		REGISTRAR'S SIGNATURE <u>Thurmond ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cullen + Kelly</u>		ADDRESS <u>4386 LINDELL BLVD.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 900  
10.4896  
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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.

Signed Ronald O Yahnske

Signed.....  
Student Embalmer

Licensed Embalmer No. 3917

P. O. Address St Louis

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.