

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21735**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No. 4890	
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, write RURAL and give town or town) ST. Louis		c. LENGTH OF STAY (in this place) 0		c. CITY (If outside corporate limits, write RURAL and give township) ST. Louis		d. STREET ADDRESS (If rural, give location) 21 - 2732, Delmar, Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 21 - 2732, Delmar, Blvd.			
3. NAME OF DECEASED (Type or Print) a. (First) Marie		b. (Middle) Rellier		c. (Last) Stewart		4. DATE OF DEATH (Month) (Day) (Year) June 1 1949	
5. SEX Female 3		6. COLOR OR RACE COL.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 20th 1910-38	
9. AGE (In years, Months, Days) 38		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Maid		10b. KIND OF BUSINESS OR INDUSTRY Hotel St. Francis		11. BIRTHPLACE (State or foreign country) Cockhran, Alabama.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Emitt, Stewart		13b. MOTHER'S MAIDEN NAME Corrie, Christian		14. NAME OF HUSBAND OR WIFE Bullie, Thomas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 490-18-8279		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Coleman 2732, Delmar, Blvd.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post Disseminated Lupus Erythemathosis ANTECEDENT CAUSES Undetermined 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. Right Pleural Effusion				INTERVAL BETWEEN ONSET AND DEATH Undet.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) 153		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 45 to X				22. I hereby certify that I attended the deceased from 5-30 , 1949, to 6-1 , 1949, that I last saw the deceased alive on 6-1 , 1949, and that death occurred at 11:20pm. , from the causes and on the date stated above.	
23a. SIGNATURE Oscar L. Daniels (Degree or title) M. D.		23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 6-2-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-6-49		24c. NAME OF CEMETERY OR CREMATORY Washington Park, Cem.		24d. LOCATION (City, town, or county) (State) ST. Louis MO	
DATE REC'D BY LOCAL REG. JUN 6 1949		REGISTRAR'S SIGNATURE J. B. Sarsator		25. FUNERAL DIRECTOR'S SIGNATURE John H. Hester		ADDRESS 2829, Washington, Bl	

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

STATEMENT BY LICENSED EMBALMER

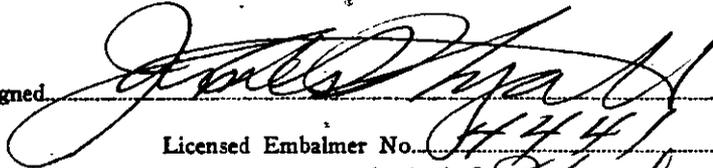
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 4441

P. O. Address 2829 Washington

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.