

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21746

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5359

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS MISSOURI</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Oklahoma</b> b. COUNTY <b>999</b>	
b. CITY OR TOWN <b>ST LOUIS</b> (If outside corporate limits, write RURAL and give township) <b>0</b>		c. CITY OR TOWN <b>Pawhuska</b> (If outside corporate limits, write RURAL and give township) <b>36</b>	
c. LENGTH OF STAY (If in this place) <b>26 Mo.</b>		d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Alexian Brothers Hospital</b>	
e. STREET ADDRESS <b>1415 Smith Ave.</b>		(If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>F.</b> c. (Last) <b>STUART.</b>			4. DATE OF DEATH <b>JUNE 21 1949</b> (Month) (Day) (Year)		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>July 5th. 1874</b>	9. AGE (In years, Last birthday) <b>74</b>	10. UNDER 1 YEAR Months <b>0</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Banker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>	11. BIRTHPLACE (State or foreign country) <b>Walnut, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>1</b>

13a. FATHER'S NAME <b>Donald Stuart</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Good</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>1</b>	16. SOCIAL SECURITY NO. <b>1</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Robert Stuart</b> ADDRESS <b>Pawhuska, Oklahoma</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteria sclerosis</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	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <b>830</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>331X</b>

22. I hereby certify that I attended the deceased from **4-31st** <sup>10</sup> **47**, to **6-20th.** <sup>19</sup> **49**, that I last saw the deceased alive on **6-20-49**, 19**49**, and that death occurred at **3:15a.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. D.</b>	23b. ADDRESS <b>325 Travis Bldg St. Louis</b>	23c. DATE SIGNED <b>June 21/49</b>
24a. BURIAL, CREMATION (REMOVAL) (Specify)	24b. DATE <b>6-21-49</b>	24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) <b>Pawhuska, Oklahoma</b>		

DATE REC'D BY LOCAL REG. <b>JUN 21 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Lancaster</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles F. Stuart</b> ADDRESS <b>1225 Union</b>
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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 *me*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Guy W Wilkinson*

Licensed Embalmer No. *3575*

P. O. Address *St Louis Mo*

**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.