

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6783

State File No. ....

FILED MAR 10 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1929**

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY _____ |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis, Missouri</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>   |  |
| c. LENGTH OF STAY (In this place) _____  |  | d. STREET ADDRESS (If rural, give location)<br><b>2921 Geyer Avenue., 17</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)<br><b>2921 Geyer Avenue.,</b> |  |  |  |

|  |                                  |  |   |   |   |
|--|----------------------------------|--|---|---|---|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Thomas</b> b. (Middle) <b>Frederick</b> c. (Last) <b>Stewart</b> |                                  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>Feb 26, 1950</b>           |   |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>Jan 3, 1880</b>                                    | 9. AGE (In years last birthday) <b>70</b> | IF UNDER 1 YEAR<br>Months _____ Days _____    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired</b>            |                                  | 10b. KIND OF BUSINESS OR INDUSTRY _____                                  | 11. BIRTHPLACE (State or foreign country)<br><b>Uniontown, Kentucky /</b> |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME<br><b>John Stewart</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Laura Elder</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Catherine Stewart</b>                                 |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No Nil</b> |  | 16. SOCIAL SECURITY NO.<br><b>Unknown</b>       |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Catherine Stewart -2921 Geyer Ave.,</b> |  |

|  |  |  |   |
|--|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Sudden</b> |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Coronary artery disease</b> |  |   |
|  | DUE TO (c) <b>Chc. Myocarditis</b>   |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Arteriosclerosis</b>   |  |  |   |

|   |   |   |
|---|---|---|
| 19a. DATE OF OPERATION _____                          | 19b. MAJOR FINDINGS OF OPERATION _____  | 20. AUTOPSY?<br>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)<br><b>St. Louis, MO</b>             |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____  |

22. I hereby certify that I attended the deceased from **9/2/49**, to **2/20/50**, 19\_\_\_\_, that I last saw the deceased alive on **2/20**, 19**50**, and that death occurred at **10:30 P.M.**, from the causes and on the date stated above.

|  |                         |                                      |                                    |
|--|-------------------------|--------------------------------------|------------------------------------|
| 23a. SIGNATURE<br><b>J. B. Laceter</b> | (Degree or title) _____ | 23b. ADDRESS<br><b>5703 Chippewa</b> | 23c. DATE SIGNED<br><b>2/27/50</b> |
|--|-------------------------|--------------------------------------|------------------------------------|

|   |                             |   |   |
|---|-----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 24b. DATE<br><b>2/27/50</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Paragould, Arkansas.</b> | 24d. LOCATION (City, town, or county) (State) |
|---|-----------------------------|---|---|

|  |   |   |
|--|---|---|
| DATE REC'D BY LOCAL REG.<br><b>FEB 27 1950</b> | REGISTRAR'S SIGNATURE<br><b>J. B. Laceter</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Albert H. Hoppe-4700 Washington Blvd</b> |
|--|---|---|

(Licensed Embalmer's Statement on Reverse Side)

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 John Bumbley  
Licensed Embalmer No. 3453

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.