

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7091

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 527

| | | | |
|----------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Normandy</u> | c. LENGTH OF STAY (In this place) <u>4 hours</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteopathic Hosp.</u> | | d. STREET ADDRESS (If rural, give location) <u>811 Maurice</u> | |

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|----------------------------------------------------------------|------------------------|--------------------------|---------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSE</u> | b. (Middle) <u>LEE</u> | c. (Last) <u>STEWART</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 28, 1950</u> |
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|--------------------|-------------------------------|----------------------------------------------------------------------|---------------------------------------|------------------------------------------|---------------------------------------------------|---------------------------------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>Jan. 10, 1950</u> | 9. AGE (In years last birthday) <u>0</u> | IF UNDER 1 YEAR Months <u>1</u> Days <u>18</u> | IF UNDER 24 HRS. Hours <u>1</u> Min. <u>18</u> |
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|---------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------|-----------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | 11. BIRTHPLACE (State or foreign country) <u>Bakerfield, Calif.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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|-------------------------------------------|------------------------------------------------|-----------------------------------------|
| 13a. FATHER'S NAME <u>Raymond Stewart</u> | 13b. MOTHER'S MAIDEN NAME <u>Thelma Howell</u> | 14. NAME OF HUSBAND OR WIFE <u>none</u> |
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| 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 <u>Thelma Stewart</u> | ADDRESS <u>811 Maurice</u> |
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| 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) <u>Unknown</u> | | |
| | ANTECEDENT CAUSES Morbidity 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|
| 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) |
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| | | |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------|
| 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 2-28, 1950, to 2-28, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:07 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Kenneth M. Stewart, D.O.</u> (Degree or title) | 23b. ADDRESS <u>7283 Natural Bridge</u> | 23c. DATE SIGNED <u>2-28-50</u> |
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| 24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Mar. 2, 50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u> |
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|----------------------------------------------|------------------------------------------------------|-----------------------------------------------------|------------------------------------|
| DATE REC'D BY LOCAL OFFICE <u>MAR 1 1950</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Blanks, M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. G. Kelly</u> | ADDRESS <u>7267 Natural Bridge</u> |
|----------------------------------------------|------------------------------------------------------|-----------------------------------------------------|------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

Coroner's office called - Hoop. To release body to parents to be buried in permanent record

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 James A. Lammers

Licensed Embalmer No. 4142

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.