S. No. 300
v. 10.48

FILED APR 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11141

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3140

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) In-Route St. Louis Childrens Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dexter 1030
d. STREET ADDRESS (If rural, give location) R. R. #3 1

3. NAME OF DECEASED (Type or Print)
a. (First) Bonnie
b. (Middle) Louise
c. (Last) Stewart

4. DATE OF DEATH (Month) (Day) (Year) 4-2-50

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Aug 9th 1939
9. AGE (In years last birthday) 10 — 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) Child
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Dexter, Missouri 0
12. CITIZEN OF WHAT COUNTRY? Usa

13a. FATHER'S NAME Coleman Stewart
13b. MOTHER'S MAIDEN NAME Eva Ross
14. NAME OF HUSBAND OR WIFE Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) Nil
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS Coleman Stewart, Dexter, Missouri

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sub-dural Hemorrhage suffered — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) following collision with another pupil at the school yard
DUE TO (c) at Dexter, Missouri March 24 1950 around 1:00 pm

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Accident

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 103
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Yard
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Dexter Mo E 9 3 6 6
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 24 50 1 00 p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 76

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 9:50 P. m., from the causes and on the date stated above.*

23a. SIGNATURE Patrick E. Taylor 3 (Degree or title) Coroner
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 4-3-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 4-3-50
24c. NAME OF CEMETERY OR CREMATORY Caroline Dowdy Cem.
24d. LOCATION (City, town, or county) (State) Dexter, Missouri

DATE REC'D BY LOCAL REG. APR 3 1950
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS Albert H. Hoppe 4700 Washington

(Licensed Embalmer's Statement on Reverse Side)

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

3

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

.....,

working under my personal supervision.

Student Embalmer No.....

Signed George W Wilkinson

Signed.....
Student Embalmer

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.