.S. No. 300
EV. 10-48

FILED SEP 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28717

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7506

4

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

X Non-calculous.

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Saint Louis c. LENGTH OF STAY (in this place) 32 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Saint Louis 2109
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Stone Nursing Home	d. STREET ADDRESS (If rural, give location) 10 4336a Lexington Avenue, 0

3. NAME OF DECEASED (Type or Print)	a. (First) Emma	b. (Middle)	c. (Last) Stuewe
4. DATE OF DEATH	(Month) (Day) (Year) Sept. 1st, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	
8. DATE OF BIRTH July 29th, 1869	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 1 Days 2	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Menke	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Late William Stuewe	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward Stuewe, 4336a Lexington Avenue	

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) Cardio-Renal disease	3 mos.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) Gall-bladder disease	2 yrs.
	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 ☐ NO ☐
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? 58 1/2 X

22. *I hereby certify that I attended the deceased from* May 29, 1950, *to* Sept. 1, 1950, *that I last saw the deceased alive on* Sept 1st, 1950, *and that death occurred at* 9:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Arthur [illegible] M.D.	23b. ADDRESS 2202 University St.	23c. DATE SIGNED 9/2/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 11	24b. DATE 9/5/50	24c. NAME OF CEMETERY OR CREMATORY Saint Johns Cemetery
24d. LOCATION (City, town, or county) (State) Saint Louis County, Missouri		
DATE REC'D BY LOCAL REG. SEP 4 1950	REGISTRAR'S SIGNATURE [signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Arthur Dundeaker,
2202 University St.
Ce. 3995
Untie

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed X John A. Mlinar

Signed.....
Student Embalmer

Licensed Embalmer No. 4186

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.