

FILED SEP 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. 32252

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2219</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis Co.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston</u>		c. LENGTH OF STAY (In this place) <u>29</u> OR TOWN		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wellston</u>		4290	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6505 Ridge Ave.,</u>				d. STREET ADDRESS (If rural, give location) <u>6505 Ridge Ave.,</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>LESLIE</u>		c. (Last) <u>STEWART SR.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 18, 1950.</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 10, 1888.</u>	
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u>0</u>		IF UNDER 24 HRS. Days <u>0</u>		IF UNDER 1 HR. Hours <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Packer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Howell, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Lee Stewart</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred Zumwalt</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Stewart</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes #1</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Eva Stewart 6506 Ridge Ave.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dissecting aortic aneurysm</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic aortitis</u> DUE TO (c) <u>Generalized arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>indefinite</u> " " <u>4200</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>				20. AUTOPSY? 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3:30 P.M. 9-18-50</u>		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 <u>11-30</u> <u>1948</u> , to <u>9-18</u> , <u>1950</u> , that I last saw the deceased alive on <u>9-18</u> , <u>1950</u> , and that death occurred at <u>30 A.M.</u> on <u>9-18</u> , <u>1950</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Richard W. Maxwell M.D.</u>				23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>9-19-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 21/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Howell Cem.,</u>		24d. LOCATION (City, town, or county) (State) <u>Howell, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-19-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. W. Clark 1125 Hodiamont Ave.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. R.W. Maxwell,
3720 Washington Blvd.,
Lu. 2885. 9-11 A.M.

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

Alfred J. Boedeker

Licensed Embalmer No. 2663

Signed.....
Student Embalmer

P. O. Address: 1125 Hodiament Ave.

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.