

STANDARD CERTIFICATE OF DEATH

FILED DEC 8 1950

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1005 Registrar's No. 10180

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo. b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. c. LENGTH OF STAY (In this place) 9 yrs  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2229

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City Hospital, St. Louis  
e. STREET ADDRESS (If rural, give location) 1026 Dolman

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) \_\_\_\_\_ c. (Last) Stewart  
4. DATE OF DEATH (Month) (Day) (Year) 11 28 50

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M  
8. DATE OF BIRTH 2/4/1872 9. AGE (In years last birthday) 78

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer  
10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_  
11. BIRTHPLACE (State or foreign country) Dent County, Missouri  
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ma rion Stewart 13b. MOTHER'S MAIDEN NAME Mary Summers 14. NAME OF HUSBAND OR WIFE Laura Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no  
16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Earl Stewart, Aberdeen Hote 1 ADDRESS \_\_\_\_\_

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) Generalized Arteriosclerosis  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Arteriosclerotic Heart Disease  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND 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) (Minute) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? H2O

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on 11/28, 1950, and that death occurred at 5:18 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) J. Donald Perry, M.D. 23b. ADDRESS City Hospital 23c. DATE SIGNED 11-28-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 11-28-50 24c. NAME OF CEMETERY OR CREMATORY Rector Cemetery 24d. LOCATION (City, town, or county) (State) Shannon County, Missouri

DATE REC'D BY LOCAL REG. NOV 29 1950 REGISTRAR'S SIGNATURE J. B. Parater 25. FUNERAL DIRECTOR'S SIGNATURE Walbert G. Hoppe ADDRESS 4700 Washington

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

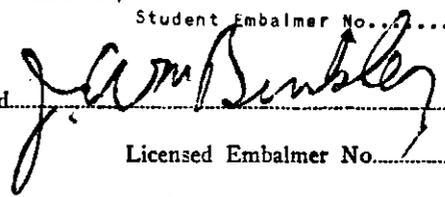
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed



Signed.....

Student Embalmer

Licensed Embalmer No. 3653

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.