

FILED JAN 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 2373
5

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3059</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Donn Terre Mo.</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Flat River Mo.</u>		0942	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Donn Terre Hospital.</u>				d. STREET ADDRESS (If rural, give location) <u>801 East Main St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mr. Louis</u>		b. (Middle) <u>Edward</u>		c. (Last) <u>Stewart</u>	
4. DATE OF DEATH		(Month) <u>Jan.</u>		(Day) <u>4</u>		(Year) <u>1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White-Cauc.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed (1938)</u>		8. DATE OF BIRTH <u>December 16-1880</u>	
9. AGE (In years last birthday) <u>70-0-18</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Automobile Business</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rozier Motor Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Ullasaca, Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Mr. Peter Stewart</u>		13b. MOTHER'S MAIDEN NAME <u>Miss Ida C. Swanson</u>		14. NAME OF HUSBAND OR WIFE <u>Laura Mary Goodford</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>500-30-0473</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss C. E. Rozier - Son in Law - Farmington Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>					
ANTECEDENT CAUSES		DUE TO (b) <u>arteriosclerosis</u>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				<u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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>Jan 3</u> , 1951, to <u>Jan 4</u> , 1951, that I last saw the deceased alive on <u>Jan 4</u> , 1951, and that death occurred at <u>2:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. H. Appleberry M.D.</u>				23b. ADDRESS <u>Flat River MO</u>		23c. DATE SIGNED <u>1-5-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>January 6-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 8, 1951</u>		REGISTRAR'S SIGNATURE <u>289 Esther Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin W. Hood</u> ADDRESS <u>303 Cass St. Flat River, Mo.</u>			

(Licensed Emballer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 15 1951

RECEIVED

JAN 15

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 Alvin W. Hood

Signed.....
Student Embalmer

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Flat 2

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.