

No. 300
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 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **25346**
 Registrar's No. **6555**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2189	
d. FULL NAME (If not in hospital or institution, give street address) 2806 Market (on Track)		d. STREET ADDRESS (If rural, give location) 3535 Bernard	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Henry c. (Last) Stewart		4. DATE OF DEATH (Month) (Day) (Year) 7 19 51	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 23, 1896
9. AGE (to years last birthday) 54		10. MONTHS 8	10. DAY 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yard Man		10b. KIND OF BUSINESS OR INDUSTRY Hawthorne Coal Co.	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U			

13a. FATHER'S NAME William Stewart	13b. MOTHER'S MAIDEN NAME Catherine Brooks	14. NAME OF HUSBAND OR WIFE Lena Stewart
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes War I	16. SOCIAL SECURITY NO. 340-07-3840	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Stewart 23 1/2 S. Channing

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema and congestion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Congestive heart failure		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

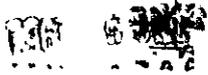
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H3H!

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 **1025A** m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) John Stewart	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 7/21/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 24, 1951	24c. NAME OF CEMETERY OR CREMATORY National Park
24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri		

DATE REC'D BY LOCAL REG. JUL 23 1951	REGISTRAR'S SIGNATURE J. B. Farator	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. B. Koonce 1221 N. Grand
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JUL 29 1951



JUL 23 1951

Ent separate cert to be filed

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

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.