

DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH28948
State File No. 2995

FILED AUG 30 1951

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3063		Registrar's No. 2995	
1. PLACE OF DEATH a. COUNTY St Louis 4002				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Clayton, Mo		c. LENGTH OF STAY (In this place) 6 MONTHS		c. CITY (If outside corporate limits, write RURAL and give township) 46 TOWN Clayton 4462		d. STREET ADDRESS (If rural, give location) 141 Gay Avenue 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 141 Gay Avenue		3. NAME OF DECEASED a. (First) Florence Brokate Steward		b. (Middle)		c. (Last)	
4. DATE OF DEATH (Type or Print) 8 25 1951		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug 8th, 1881		9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Bay City Michigan		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Thomas Kelley		13b. MOTHER'S MAIDEN NAME Harriet Waite	
14. NAME OF HUSBAND OR WIFE Wallace W. Steward		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wallace W. Steward 141 Gay, Clayton	
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) Carcinomatosis, primary site not determined ANTÉCEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 1998				INTERVAL BETWEEN ONSET AND DEATH 6 mos (?)	
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 23 July, 1951, to 25 Aug, 1951, that I last saw the deceased alive on 13 Aug, 1951, and that death occurred at 8:30pm., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Vernice Kenamore M.D.				23b. ADDRESS 457N Kingshighway		23c. DATE SIGNED 8/27/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/28/51		24c. NAME OF CEMETERY OR CREMATORY Glenwood		24d. LOCATION (City, town, or county) (State) Shelbyville, Ill (Motor)	
DATE REC'D BY LOCAL REG. 8-27-51		REGISTRAR'S SIGNATURE Lilith R. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kraeger Fenwick Funeral Home 3402GN? - Kingshighway.			

(Licensed Embalmers' Statement on Reverse Side)

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

Dr. Bruce Kenamore
457 N. Kingshighway RO 1256
324 S. Elm RE 8080

Office hours 10 to 1:30

DURING NOON REST TIME

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 Thomas R. Jensen

Licensed Embalmer No. 3793

P. O. Address 3802 N. Kingshighway

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.