

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39782

State File No. 10567
10567
Registrar's No. 10567

FILED DEC 8- 1951

318

1003

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

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Alton</u> | |
| c. LENGTH OF STAY (In this place) <u>7 Days</u> | | d. STREET ADDRESS (If rural, give location) <u>Box 262, Lincoln Ave.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u> | | | |

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|-------------------------------------|---------------------------|------------------------------|-----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Fred</u> | b. (Middle) <u>Garner</u> | c. (Last) <u>Stewart</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>11 25 51</u> |
|-------------------------------------|---------------------------|------------------------------|-----------------------------|--|

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|-----------------------|----------------------------------|--|---|--|---------------------------------------|--------------------------------------|-------------------------------------|------------------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>April 15, 1907</u> | 9. AGE (In years last birthday) <u>44</u> | IF UNDER 1 YEAR Months <u>7</u> | IF UNDER 1 YEAR Days <u>10</u> | IF UNDER 1 YEAR Hours <u></u> | IF UNDER 1 YEAR Min. <u></u> |
|-----------------------|----------------------------------|--|---|--|---------------------------------------|--------------------------------------|-------------------------------------|------------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe-repair</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Repair Shop</u> | 11. BIRTHPLACE (State or foreign country) <u>Kansas City, Kans./</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Fred Stewart</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Myrene Stewart</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes World War 2</u> | 16. SOCIAL SECURITY NO. <u>327-07-5911</u> | 17. INFORMANT'S SIGNATURE, OR NAME <u>Bro. Fred Stewart</u> | 17. ADDRESS <u>2121 1/2</u> |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive-Cardio-Vascular Disease</u> | | <u>3 Months</u> |
| | DUE TO (c) <u>Malignant Nephro-sclerosis</u> | | <u>3 Months</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremic Pericarditis</u> | | | <u>1 Week</u> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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? <u>HIT X</u> |
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22. I hereby certify that I attended the deceased from 11-17, 1951, to 11-25, 1951, that I last saw the deceased alive on 11-25, 1951, and that death occurred at 3:25 p. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>John W. Berry MD</u> | 23b. ADDRESS <u>BARNES HOSPITAL</u> | 23c. DATE SIGNED <u>11-25-51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>Nov. 29, 51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Alton City Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Alton Illinois</u> |
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| DATE REC'D BY LOCAL REG. <u>NOV 28 1951</u> | REGISTRAR'S SIGNATURE <u>Joel Russell</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Joel Russell</u> | ADDRESS <u>1924 Central Ave Alton, Ill.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 Joel Russell
Licensed Embalmer No. 4112

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.