

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

No. 300  
10-48

State File No. 10668

DEC 8 - 1951

REG. DIST. NO. 318

1003  
PRIMARY REG. DIST. NO.

Registrar's No. 10668

1. PLACE OF DEATH a. COUNTY		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 township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri. 2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) #18 So. Kingshighway Blv'd.,			
3. NAME OF DECEASED (Type or Print)		a. (First) ROBERT.	b. (Middle) MARVIN	c. (Last) STEWART.	4. DATE OF DEATH (Month) (Day) (Year) 11 29 51
5. SEX Male.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.		8. DATE OF BIRTH Aug. 22, 1880	9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pres; Stewart-Harrison-White; Live Stock Dealer.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Robert Burns Stewart.		13b. MOTHER'S MAIDEN NAME Jennie		14. NAME OF HUSBAND OR WIFE Blanche Pendleton Stewart	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes; Spanish American War		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Blanche Pendleton Stewart	
				ADDRESS 18 So. Kingshighway	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Carcinoma of lungs and Brain		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Rectum			Two Years
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			Four Years
19a. DATE OF OPERATION 6-22-51	19b. MAJOR FINDINGS OF OPERATION Recurrent Carcinoma of rectum			20. AUTOPSY? YES <input 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? 157HX		

22. I hereby certify that I attended the deceased from 9-30, 1951, to 11-29, 1951, that I last saw the deceased alive on 11-29, 1951, and that death occurred at 7:35 p. m., from the causes and on the date stated above.

23a. SIGNATURE Louis P. Heltage M.D.	(Degree or title)	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 11-29-51
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Dec. 3, 1951	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
DATE REC'D BY LOCAL REG. NOV 30 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons 7233 Delmar Blvd.	

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Arnold W. Scherer

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

**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.