

FILED NOV 24 1951

STANDARD CERTIFICATE OF DEATH

State File No. 40092

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 3066 Registrar's No. 3672

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>2119</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>46</u>		d. STREET ADDRESS (If rural, give location) <u>4593 Kennerly Ave., St. Louis, Mo</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>U.S. PHS HOSPITAL, Kirkwood, Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u>	b. (Middle)	c. (Last) <u>Stewart</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 9 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>	8. DATE OF BIRTH <u>11-8-1910</u>	9. AGE (In years last birthday) <u>41</u>	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Granville Stewart</u>	13b. MOTHER'S MAIDEN NAME <u>Jessie Abington</u>	14. NAME OF HUSBAND OR WIFE <u>(separated) Mollie Stewart</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W. 2</u>	16. SOCIAL SECURITY NO. <u>NO.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clinical Records of U.S. Public Health Service Hospital</u>	ADDRESS <u>Kirkwood, Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Squamous cell carcinoma, left lung with metastasis to liver.</u>		<u>over 6 mo</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>July</u>	19b. MAJOR FINDINGS OF OPERATION <u>unknown - not done at this hospital</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>163X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>NO.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 24, 1951, to Nov. 9, 1951, that I last saw the deceased alive on Nov 9th, 1951, and that death occurred at 10:55a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.H. Stimson, Sr. Surg.</u>	23b. ADDRESS <u>U.S. PHS Hospital, Kirkwood, Mo</u>	23c. DATE SIGNED <u>Nov. 12 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>4</u>	24b. DATE <u>11/15/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gallean Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Gallean Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-13-51</u>	REGISTRAR'S SIGNATURE <u>Robert R. Tombs</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. J. Gales</u>	ADDRESS <u>4107 Fenway Mo</u>
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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 _____

Thomas J. Davis
1875

Signed _____
Student Embalmer

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.