

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**30084**

State File No. **7780**

No. 300  
10.48

**FILED** SEP 3 - 1952

**318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>22</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 3</b>		c. LENGTH OF STAY (in this place) <b>3</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 0</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>D.O.A. Homer G. Phillips</b>				d. STREET ADDRESS (If rural, give location) <b>21 2605 Gamble</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mamie</b> b. (Middle) _____ c. (Last) <b>Steward</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 12, 1952</b>						
5. SEX <b>Female 3</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>April 7, 1915</b>			
9. AGE (In years last birthday) <b>37</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 MRS. Hours _____ Mins. _____					
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Unemployed</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Newport, Ark.</b>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <b>George Coleman</b>			13b. MOTHER'S MAIDEN NAME <b>Ida Clay</b>			14. NAME OF HUSBAND OR WIFE <b>Lee Steward</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lee Steward 2605 Gamble</b>					
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.				<b>MEDICAL CERTIFICATION</b>				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				ANTECEDENT CAUSES _____				_____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <b>Pulmonary Embolism</b>					
DUE TO (c) _____				causative: - <b>Pregnancy with varicella Pulver</b>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>veins</b>					
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? <b>6483</b>					
22. I hereby certify that I attended the deceased from <b>3</b> , 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>250A m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Patrick E. Taylor, Coroner</b> (Degree or title)				23b. ADDRESS <b>1300 Pearl</b>		23c. DATE SIGNED <b>8-15-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal 4</b>		24b. DATE <b>8-15-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Dale</b>		24d. LOCATION (City, town, or county) (State) <b>LeMay, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>AUG 15 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E.B. Keene 1227 N. Grand</b>					

(Licensed Embalmer's Statement on Reverse Side)

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 C. Collins

Licensed Embalmer No. 4785

P. O. Address 1221 W. 9th

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.