

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 25 1952

318

1003

8363

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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homert G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 4547 Page Blvd.	
3. NAME OF DECEASED (Type or Print) Robert		4. DATE OF DEATH (Month) (Day) (Year) Aug. 30 1952	
a. (First)		b. (Middle)	
c. (Last) Stewart		5. AGE (In years last birthday) Months Days Hours Mins. 85	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 10, 1867
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Brighten, Illinois
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John H. Stewart	
13b. MOTHER'S MAIDEN NAME Frances Or buckle		14. NAME OF HUSBAND OR WIFE Norise Stewart	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ella Walker 4547 Page Blvd.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease with Congestive Failure ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Undetermined II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4200		22. I hereby certify that I attended the deceased from 8-24 , 19 52 , to 8-30 , 19 52 , that I last saw the deceased alive on 8-30 , 19 52 , and that death occurred at 7:15a m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Edw. B. Williams M. D.		23b. ADDRESS 2601 N. Whittier	
23c. DATE SIGNED 9-2-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Sept. 4, 1952		24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery	
24d. LOCATION (City, town, or county) (State) Lemay, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. B. Kaene 1221 N. Grand	
DATE REC'D BY LOCAL REG. SEP 4 1952		REGISTRAR'S SIGNATURE J. C. Smith	

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 *Lawrence C. Swans*

Licensed Embalmer No. 4755

P. O. Address 1221 N. Grand

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.