

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16263

State File No. ....  
Registrar's No. **3722**

FILED APR 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

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. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b> <b>2159</b>	
c. LENGTH OF STAY (In this place) <b>7 Weeks</b>		d. STREET ADDRESS (If rural, give location) <b>15 5121 Dresden Ave</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Anthony Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Flora</b> b. (Middle) <b>Louise</b> c. (Last) <b>Stewart</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 6 1953</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 24 1891</b>
9. AGE (In years last birthday) <b>61</b>		10. MONTHS <b>9</b>	11. DAYS <b>12</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Mehlville, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Frederick Wohlschleager</b>		13b. MOTHER'S MAIDEN NAME <b>Barbara Allgier</b>	14. NAME OF HUSBAND OR <del>DECEASED</del> <b>David L Stewart</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>David R Stewart</b> ADDRESS <b>5121 Dresden Ave</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bilateral polycystic kidneys</b> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Interstitial Nephritis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic myocarditis</b> INTERVAL BETWEEN ONSET AND DEATH <b>Chronic</b> <b>Chronic</b> <b>2 yrs.</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>592X</b>			
22. I hereby certify that I attended the deceased from <b>March 6, 1948</b> , to <b>April 5, 1953</b> , that I last saw the deceased alive on <b>April 6, 1953</b> , and that death occurred at <b>3:20 PM</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Ray C. Christman M.D.</b>		23b. ADDRESS <b>7702 Roxey Ln</b>	
23c. DATE SIGNED <b>4/8/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 9 1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>New St Johns Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Mehlville, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>APR 9 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Fey Funeral Home</b>		ADDRESS <b>4100 Lemay Ferry</b>	

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 Ronald O Yohuke

Licensed Embalmer No. 3917

P. O. Address St Louis

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.