

FILED AUG 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27345

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2048

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>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mehlville</u>		c. LENGTH OF STAY (In this place) <u>10 yrs</u>	c. CITY OR TOWN <u>Mehlville</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Box 1490 Rt 8</u>		e. STREET ADDRESS (If rural, give location) <u>Box 1490 Rt 8 4850</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Aubrey</u> b. (Middle) _____ c. (Last) <u>Stewart</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 26 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 7 1875</u>	9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR Months <u>6</u> IF UNDER 11 HRS. Days <u>19</u> Hours <u>Min.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired Railroad</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Pullman Conductor</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New Madrid, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>George Stewart</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Josephine Stewart</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Aubrey Stewart</u> ADDRESS <u>Mehlville, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stokes-Edwards Syndrome</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Complete Heart Block</u> DUE TO (c) <u>Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>443X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 Jan 1953, to July 26, 1953, that I last saw the deceased alive on July 25, 1953, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edwin T. Shorney, M.D.</u> (Degree or title)	23b. ADDRESS <u>3731 Goodfellow St. Springfield, Mo.</u>	23c. DATE SIGNED <u>7-27-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7/29/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter & Paul Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-27-53</u>	REGISTRAR'S SIGNATURE <u>Hank R. Danbury</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>B. L. Ziegenhein & Sons</u> ADDRESS <u>7027 Gravois</u>
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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.....
Signature of Student Embalmer

Signed: *B. P. Kidwell*.....

Licensed Embalmer No. *3877*.....

P. O. Address *7027 Gravois*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.