

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 15 1953

State File No. **34135**
8810

BIRTH NO. 66492 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8810

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>217</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>		d. STREET ADDRESS (If rural, give location) <u>4129 Enright</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Stewart</u> b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>8 18 53</u>		
5. SEX <u>Fem. 3</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>8-18-53</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HOURS Hours Min. <u>1 5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri 0</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME (Initials only) <u>L. G. Stewart</u>	13b. MOTHER'S MAIDEN NAME <u>Katie Thomas</u>	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mary D. Jett, a.s.</u> ADDRESS <u>2601 N. Whittier</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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth</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>776X</u>
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

22. I hereby certify that I attended the deceased 8-18, 19 53 to 8-18, 19 53, that I last saw the deceased alive on 8-18, 19 53 and that death occurred at 6:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William H. Sinkler, M. D.</u>	23b. ADDRESS <u>2601 N. Whittier</u>	23c. DATE SIGNED <u>8-26-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>9-30-53</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>SEP 11 1953</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	25. FUNERAL DIRECTOR'S SERVICE ADDRESS <u>Rowland Mortuary Service 4104 Manchester Ave.</u>
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(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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.