

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37626

State File No.

No. 300
10-48

FILED OCT 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>8954</u>	
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>ST. LOUIS</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>3 days.</u>		c. CITY OR TOWN <u>University City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>ST. LUKES HOSPITAL</u>			e. STREET ADDRESS (If rural, give location) <u>7441 Melrose Ave.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>		b. (Middle) _____		c. (Last) <u>STEWART.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 15, 1953</u>	
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>Feb'y 19, 1873.</u>		9. AGE (In years last birthday) <u>80.</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Salesman..</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Eli-Walker Drygoods Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Busby, Scotland,</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Alexander Stewart.</u>		13b. MOTHER'S MAIDEN NAME <u>Mary McLean.</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Elizabeth Stewart.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>488-07-9578</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Charles Stewart, 7441 Melrose Ave,</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary Thrombosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Metastatic Thrombosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(1) Nephrosclerosis (2) Generalized arteriosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u> <u>14 days</u> <u>4 days</u>
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) <u>420.1</u>			
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? _____			
22. I hereby certify that I attended the deceased from <u>9/28/44</u> , 19____, to <u>9/15/53</u> , 19____, that I last saw the deceased alive on <u>9/15</u> , 19 <u>53</u> , and that death occurred at <u>5:20 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>David M. Skilling Jr. M.D.</u>			23b. ADDRESS <u>18 S. Kingshighway</u>			23c. DATE SIGNED <u>9/15/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		24b. DATE <u>9/17/53.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>		
DATE RECD BY LOCAL REG. <u>SEP 15 1953</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, md.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. LUPTON & SONS. 7233 Delmar Blvd.</u>			

S.P. (Licensed Embalmer's Statement on Reverse Side)

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

Chas
W
1800 10000

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 *Arnold W. Schoene*

Licensed Embalmer No. *3840*

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