

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

45578

State File No. \_\_\_\_\_

FILED JAN 19 1954

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Registrar's No. 12190

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. Louis</u>			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. Louis</u> <u>2129</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5630 Pershing Ave.</u>							
3. NAME OF DECEASED a. (First) <u>Zell</u>			b. (Middle) <u>Wilson</u>			c. (Last) <u>STEWART</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 25 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>July 30 1873</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Independence; Kansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Ebenezer E. Wilson</u>				13b. MOTHER'S MAIDEN NAME <u>NORMA MOORE</u>			14. NAME OF HUSBAND OR WIFE <u>Arthur T. 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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Eugene T. Reel, Los Angeles, Calif</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Myocardial Infarction, upper C. 1/3</u>								INTERVAL BETWEEN ONSET AND DEATH <u>40 hours</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hemiplegia, right</u>								<u>3 mos</u>	
		DUE TO (c) <u>Arteriosclerotic changes</u>								<u>Belgian</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"/>	
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) _____			21d. (COUNTY) _____		21e. (STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from <u>Sept. 1953</u> , to <u>Dec. 25, 1953</u> , that I last saw the deceased alive on <u>Dec 24, 1953</u> , and that death occurred at <u>2:27 a.m.</u> , from the causes and on the date stated above.											
22a. SIGNATURE (Degree or title) <u>Carl Smith MD</u>				22b. ADDRESS <u>4161 Lindell</u>				22c. DATE SIGNED <u>12-26-53</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		22b. DATE <u>12/28/53</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery - St. Louis Co. Mo.</u>			22d. LOCATION (City, town, or county) (State) _____				
DATE REC'D BY LOCAL REG. <u>DEC 28 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>			22e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton &amp; Sons 7233 Delmar</u>						

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

*Clarence H. Murray*

Licensed Embalmer No. *4011*

P. O. Address: *St. Louis, Mo.*

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.