

FILED JAN 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42997

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 3090

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston</u> | | c. LENGTH OF STAY (In this place) <u>36yrs</u> | c. CITY OR TOWN <u>Wellston 4301</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>6229 Derby Ave.</u> | | e. STREET ADDRESS (If rural, give location) <u>6229 Derby Ave</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> | b. (Middle) <u>Virginia</u> | c. (Last) <u>Stewart</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30, 1955</u> |
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| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Oct. 12, 1869</u> | 9. AGE (In years last birthday) <u>86yrs</u> IF UNDER 1 YEAR Months _____ IF UNDER 1 HRS. Days _____ Hours _____ Min. _____ |
|-----------------|---------------------------|---|---------------------------------------|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Howell (St. Chas. Co.,) Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>James Morris</u> | 13b. MOTHER'S MAIDEN NAME <u>Laura V. Dickerson</u> | 14. NAME OF HUSBAND OR WIFE <u>Chiles F. Stewart</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. & Mrs. Percy D. Stewart 6229 Derby</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: <u>Cardiovascular disease</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes & Pericardial byss.</u> DUE TO (c) <u>None</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>260x</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>260x</u> |
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| 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? <u>2</u> |
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22. I hereby certify that I attended the deceased from 1950, 1950, to 12-30, 1955, that I last saw the deceased alive on 12-20, 1955, and that death occurred at 1:30A m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>June 80 Pully MD</u> | 23b. ADDRESS <u>730 Hudson Ave</u> | 23c. DATE SIGNED <u>12-30-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan. 3, 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>12-31-55</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Dombard</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alexander & Sons 6175 Delmar</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. P. J. Reilly P.A. 1-5187

2-4 P.M.

720. ~~Hediamont.~~

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 *jos. E. McCulloch*

Licensed Embalmer No. *246*

P. O. Address... *6175 Pa*

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.