

FILED MAY 25 1956

STANDARD CERTIFICATE OF DEATH

State File No. 18714

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

4405

1. PLACE OF DEATH a. COUNTY		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 township) OR TOWN <u>St Louis</u>		c. CITY OR TOWN <u>St Louis</u>	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital, 1515 Lafayette</u>		e. STREET ADDRESS (If rural, give location) <u>3118 Clark Ave 21810</u>	
3. NAME OF DECEASED a. (First) <u>Dora</u> b. (Middle) <u>Stewart</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>5 3 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4-8-18-97</u>
9. AGE (In years last birthday) <u>59</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>TENN</u>
11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Moses Wood</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Bowen</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>70</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Parthenia Wayford</u> ADDRESS <u>2328 Pine</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Congestion</u> INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anesthesia; Pneumectomy</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>during operation at City Hospital, on May 3 1956</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>at 1147 am. 52ix.</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. OCCIDENTAL ACCIDENT <u>Accident</u> (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hosp</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>May 3 56 11 A m.</u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1147 A m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>James M Kelly</u> (Print Name and Title)		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>5-5-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>5-5-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Whitesville</u>	
24d. LOCATION (City, town, or county) (State) <u>TENN.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyd Ferrum</u> ADDRESS <u>Home 3747 Fancey</u>	
DATE REC'D BY LOCAL REG. <u>MAY 5 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith - MD</u>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

(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
Signature of Student Embalmer.

Signed *W. Claude Gordon*

Licensed Embalmer No. *344*

P. O. Address *4575 Al*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.