

FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39835

State File No.

BIRTH NO. 34824-52 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10077

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 town) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) TOWNSHIP		c. CITY OR TOWN <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. Homer G. Phillips Hospital</u>		STREET ADDRESS (If rural, give location) <u>5241 Enright Ave</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>SHARON</u>		b. (Middle) <u>JEAN</u>		c. (Last) <u>STEWART</u>			
4. DATE OF DEATH <u>Nov 2 1956</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>Col</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby</u>		8. DATE OF BIRTH <u>May 27 1956</u>		9. AGE (In years last birthday) <u>5</u> IF UNDER YEAR <u>5</u> IF UNDER 24 HRS. <u>5</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Ben Stewart</u>		13b. MOTHER'S MAIDEN NAME <u>Cozetta Blakley</u>			
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Cozetta Stewart</u>		ADDRESS <u>5241 Enright 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u> <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)			
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 from <u>11:20 A</u> , 19 <u>56</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>James M. Peely</u>		23b. ADDRESS <u>1300 Clark Avenue</u>		23c. DATE SIGNED <u>11-3-56</u>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>Nov. 6, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>			
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		DATE REC'D BY LOCAL REG. <u>NOV 5 1956</u>		REGISTRAR'S SIGNATURE <u>J. Paul Smith M.D.</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>J.H. Randle & Son</u>		ADDRESS <u>3133 Bell Ave</u>					

WRITE PLAINLY—USING UNFAADING 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 *Esther K. Harris*

Licensed Embalmer No. *445*

P. O. Address *4187 Wash*

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.