

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003544

FILED FEB 11 1959

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| BIRTH NO. | | REG. DIST. NO. 318 | PRIMARY REG. DIST. NO. 1003 | Registrar's No. 314 |
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i> | | c. CITY (If outside corporate limits, write RURAL and give township) <i>Brentwood 17 4511</i> | | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) <i>1440 Holloway Ave</i> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>General Hospital 214 N. 15th St</i> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <i>Willie</i> | b. (Middle) <i>Belle</i> | c. (Last) <i>Stewart</i> | 4. DATE OF DEATH (Month) (Day) (Year) <i>1 - 9 - 59</i> | |
| 5. SEX <i>FEM. 3</i> | 6. COLOR OR RACE <i>Col.</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED 1</i> | 8. DATE OF BIRTH <i>6/18/1915</i> | 9. AGE (In years last birthday) <i>43</i> # UNDER 1 YEAR: Months _____ Days _____ # UNDER 10 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>SCHOOL TEACHER</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>PUBLIC SCHOOL</i> | | 11. BIRTHPLACE (City and State or Foreign Country) <i>SILVER CITY MISS.</i> |
| 12. CITIZEN OF WHAT COUNTRY? <i>USA</i> | | | | |
| 13a. FATHER'S NAME <i>HIRAM COLEMAN</i> | | 13b. MOTHER'S MAIDEN NAME <i>BELLE WILLIAMS</i> | | 14. NAME OF HUSBAND OR WIFE <i>EMORY STEWART</i> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes-no, or unknown) (If yes, give war or dates of service) <i>No</i> | | 16. SOCIAL SECURITY NO. <i>MA</i> | | 17. INFORMANT'S SIGNATURE OR NAME <i>Emory Stewart 1440 Holloway Ave</i> |
| 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) <i>Adeno-carcinoma breast with metastasis</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>8 1/2 years</i> |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>170x</i> | | 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 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) |
| 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>March 19 58</u> , to <u>January 8 19 59</u> , that I last saw the deceased alive on <u>January 8, 19 59</u> , and that death occurred at <u>12:08 A.M.</u> , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE <i>Warner Eckert M.D.</i> | | 23b. ADDRESS <i>539 N. Grand, St. Louis 3, Mo.</i> | | 23c. DATE SIGNED <i>1/10/59</i> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <i>1/13/59</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>FATHER DICKSON</i> | 24d. LOCATION (City, town, or county) (State) <i>on SAPPINE RD. IN KIRWOOD MO.</i> |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>JAN 10 59</i> | | 25. GENERAL DIRECTOR'S SIGNATURE <i>Geo. W. Bauer 5469 Washington</i> | | |

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 Frederick P. Stark

Licensed Embalmer No. 4599

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.