Health, Welfare Public Service

300 c
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003766
STATE FILE NUMBER

REG JAN 12 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN CLAYTON — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSP. — Length of stay in 1b 5. WKS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST. LOUIS
c. CITY OR TOWN MAPLEWOOD 4533 c — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 2619 LYLE AV. (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: ANNA Middle: Last: STEWART

4. DATE OF DEATH Month 1 Day 2 Year 59

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH JULY 26, 1875

9. AGE (In years on last birthday) 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES LADY (RETIRED)

10b. KIND OF BUSINESS OR INDUSTRY DEPT STORE

11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI c

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME CHRISTOPH STADLER

13b. MOTHER'S MAIDEN NAME KATHERINE ECK

14. NAME OF HUSBAND OR WIFE THOMAS STEWART

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NOT KNOWN

17. INFORMANT JOSEPH STRICKLEY Address 7472 STANFORD, U. CITY

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CEREBRAL THROMBOSIS
DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
GENERAL ARTERIOSCLEROSIS 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ c

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-29-58, to 1-2-59 and last saw her/him alive on 1-2-59
Death occurred at 10 25 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W B Kelley (Degree or title) M.D. c

22b. ADDRESS 601 S. BRENTWOOD BL.

22c. DATE SIGNED 1/3/59

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE JAN. 5, 1959

23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY

23d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI

24. FUNERAL DIRECTOR M.J. CROGHAN ADDRESS 7146 MANCHESTER AV. ST. LOUIS 17 MO.

25. DATE RECD. BY LOCAL REG. 1-3-59

26. REGISTRAR'S SIGNATURE Herbert R. Monk, M.D.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use any standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 V E Morris

Licensed Embalmer No. 3360

P. O. Address St. Louis

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.