Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016133
STATE FILE NUMBER

FILED APR 27 1959 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1105

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY OR TOWN: KIRKWOOD — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): WHITE OAKS HOME — Length of stay in 1b: MONS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO — b. COUNTY: ST LOUIS.
c. CITY OR TOWN: WELLSTON 4301 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 6229 DERBY — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: MARY — Middle: BEULAH — Last: STEWART

4. DATE OF DEATH: Month: APRIL — Day: 20 — Year: 1959

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 5-24-1895
9. AGE (In years last birthday): 63 — 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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT Home
11. BIRTHPLACE (City and state or country): HAMBURG, MO.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: EMORY DOUGHERTY
13b. MOTHER'S MAIDEN NAME: EMMA DOUGHERTY
14. NAME OF HUSBAND OR WIFE: PERCY STEWART

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: PERCY STEWART — Address: 6229 DERBY AVE

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) CARCINOMA, METASTATIC, GENERALIZED, LUNG AND BONE. (PRIMARY SITE, BREAST) — INTERVAL BETWEEN ONSET AND DEATH: 16 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) BREAST, RIGHT, CARCINOMA — 30 MONTHS
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 170X

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

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 OCTOBER 1957, to APRIL 10, 1959 and last saw her/him alive on APRIL 10, 1959
Death occurred at 1:35 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R. V. Bradley (Degree or title) M. D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 4/21/59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 4-22-59
23c. NAME OF CEMETERY OR CREMATORY: VALHALLA
23d. LOCATION (City, town, or county) (State): ST LOUIS Co - Mo.

24. FUNERAL DIRECTOR: C. R. LUPTON & SONS — ADDRESS: 7239 DELMAR
25. DATE RECD. BY LOCAL REG.: 4-22-59
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.