

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019862

STATE FILE NUMBER

FILED JUN 9 1959

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 1508

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON MO		c. CITY OR TOWN KIRKWOOD MO	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION COUNTY HOSPITAL		d. STREET ADDRESS 301 ELECTRIC ST	
Length of stay in lb 15 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First John Middle STEWART Last STEWART			4. DATE OF DEATH Month 5 Day 31 Year 59		
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEP 25 1883	9. AGE (In years from birthday) 76	IF UNDER 1 YEAR Months 7 Days 0	IF UNDER 24 HRS Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY STEEL FOUNDRY	11. BIRTHPLACE (City and state or country) LIMESTONE ALA.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JACK STEWART	13b. MOTHER'S MAIDEN NAME ELIZABETH STEELE	14. NAME OF HUSBAND OR WIFE Mr. Gene Stewart
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. 499-03-9209	17. INFORMANT Gene Stewart Address 301 Electric St
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONITIS		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ASPIRATION		
DUE TO (c) CARCINOMA OF LARYNGEAL PAPILLOMA		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from April 16-1959 to May 31-1959 and last saw ^{her} _{him} alive on May 31-1959 Death occurred at 11:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE D. B. Haley (Degree or title) M.D.	22b. ADDRESS 601 S. Brentwood St.	22c. DATE SIGNED
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) Buried DATE May 1959	23b. NAME OF CEMETERY OR CREMATORY Pathe Dickson	23d. LOCATION (City, town, or county) (State) Coatswood Mo
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24. FUNERAL DIRECTOR T. J. Gardner ADDRESS 147 E. Kirkwood	25. DATE RECD. BY LOCAL REG. 6-2-59	26. REGISTRABLE SIGNATURE J. M. H.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Herbert J. Paude*

Licensed Embalmer No. *4243*

P. O. Address *139 E. Elder*
Herbert Paude

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.