URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-042570

FILED VS DEC 8 1959

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210873

AMENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 6 wks.

c. CITY OR TOWN: Bel-ridge — Inside Limits: Yes [X] No [ ]

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: De Paul Hospital — Inside Limits: Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location): 8828 Natural Bridge — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Frederick — Middle: A. — Last: Stewart

4. DATE OF DEATH: Month: November — Day: 23 — Year: 1959

5. SEX: M

6. COLOR OR RACE: W

7. Married [XX] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 11/8/1899

9. AGE (last birthday): 60

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Modern Exteriors

11. BIRTHPLACE (City and state or country): Ft. William, Ontario

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Robert Stewart

13b. MOTHER'S MAIDEN NAME: Jenny Shoaldice

14. NAME OF HUSBAND OR WIFE: Marie B. Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 470-09-4582

17. INFORMANT: Mrs. Marie Stewart, Address: 8828 Nat. Bridg

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): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 35 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Diabetes Mellitus

DUE TO (c): 260X

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

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

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 10-16-59, to 11-23-59 and last saw him alive on 11-22-59

Death occurred at 6 45 Am. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: D Hayden (Degree or title) M.D.

22b. ADDRESS: 730 Hodiamont

22c. DATE SIGNED: 11/23/59

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

23b. DATE: 11/25/1959

23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery

23d. LOCATION (City, town, or county): St. Louis Co. (State): Mo.

24. FUNERAL DIRECTOR — ADDRESS: Alexander & Sons 6175 Delmar Blvd.

25. DATE RECD. BY LOCAL REG.: NOV 24 1959

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. MJB.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

Dr. L. Hayden
730 Hodiamont
PA. 1-7201

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jos. E. McCullah

Licensed Embalmer No. 2460

P. O. Address 6175 Ellm

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.