

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 688

| | | | | | |
|---|----------------------------------|---|--|---|---|
| 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 Kirkwood | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Fenton | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital | | Length of stay in 1b 5HR. 15MIN | d. STREET ADDRESS (If outside, give location) Rt. #1 | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Michael Middle — Last Stewart | | | 4. DATE OF DEATH Month February Day 26 Year 1960 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 2/26/60 | 9. AGE (In years last birthday) IF UNDER 1 YEAR: Months 5 Days 15 IF UNDER 24 HRS.: Hours 5 Min. 15 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Kirkwood, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME James Stewart | | 13b. MOTHER'S MAIDEN NAME Boone | | 14. NAME OF HUSBAND OR WIFE | |
| 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. | 17. INFORMANT James Stewart Address Rt. #1 Fenton, Missouri | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anoxia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atelectasis bilateral DUE TO (c) Prematurity | | | | | INTERVAL BETWEEN ONSET AND DEATH 5 hrs 15 min 5 hrs 15 min 5 hrs 15 min |
| 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 checked="" type="checkbox"/> NO <input 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.) | | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from Feb. 26, 1960 to Feb. 26, 1960 and last saw him alive on Feb. 26, 1960 Death occurred at 12:30 PM Feb 26, 1960 m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Francis J. Warrick M.D. (Degree of title) | | 22b. ADDRESS Fenton Medical Center, Fenton, Mo. | | 22c. DATE SIGNED 2-27-60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 2/29/60 | 23c. NAME OF CEMETERY OR CREMATORY St Paul's | | 23d. LOCATION (City, town, or county) (State) Fenton Mo. |
| 24. FUNERAL DIRECTOR Leo H. Fisher ADDRESS Fenton Mo | | 25. DATE RECD. BY LOCAL REG. 2-29-60 | | 26. REGISTRAR'S SIGNATURE John C. Murphy M.D. | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

ificate was embalmed by me

Embalmer No. _____

I hereby certify that the body whose name is recorded on the reverse side of this certificate
by me, or by _____, Student Embalmer
working under my personal supervision.

J. Mah...

Student _____
Signature of Student Embalmer

Signed _____ Embalmer No. 4326

Licensed Embalmer Alto 5070

P. O. Address _____ WRITING. (Failure to complete)

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND
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.