URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS. NOV 3 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10374 STATE FILE NUMBER 60-040268

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. Louis — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): D.O.A. City I — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: ST. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3544 Page — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Archie Middle Lee Last Stewart
4. DATE OF DEATH: Month 10 Day 24 Year 60
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-15-25
9. AGE (last birthday): 35 — 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): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Furniture Store
11. BIRTHPLACE (City and state or country): Macon, Miss
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Horace Stewart
13b. MOTHER'S MAIDEN NAME: Josephine Cook
14. NAME OF HUSBAND OR WIFE: Sedie 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.: 347-26-1786
17. INFORMANT: Ruth Lee Williams — Address: 3836 Page

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Gunshot wound of Brain — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 981X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Here deceased was found in area way at 2716 Randolph Str. about 1130 am. Oct 24 1960
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, Item 18.): Exact time, place, cause and manner could not be determined
20c. TIME OF INJURY: 1130 Hour a.m. — Month, Day, Year: 10 24 60
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.): area way
20f. CITY, TOWN, OR LOCATION: St Louis — COUNTY: Mo — STATE

21. I attended the deceased from _____ and last saw her/him alive on _____
Death occurred at 155 R m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Patrick J. Taylor Coroner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 10.26.6

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 10-31-60
23c. NAME OF CEMETERY OR CREMATORY: Father Dickson
23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

24. FUNERAL DIRECTOR: Dunn F. Home — ADDRESS: 3847 Page
25. DATE RECD. BY LOCAL REG.: OCT 26 1960
26. REGISTRAR'S SIGNATURE: Karl Smith. M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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_____ Signed Arthur L. Heilliard

Signature of Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 3100 Easton C

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