URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 26 1960

-60-040269

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10020

ENDED

1/26/61

Mary

Mary Lincoln

13b

DOCUMENT

informant

BY AFFIDAVIT OF

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 (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Lukes Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 5727 McPherson
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Bessie Middle: Mae Last: Stewart

4. DATE OF DEATH: Month: Oct. Day: 14, Year: 1960

5. SEX: female

6. COLOR OR RACE: white

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2/9/1893

9. AGE (last birthday): 67

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): Registered Nurse

10b. KIND OF BUSINESS OR INDUSTRY: Registered Nurse

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Edward Stewart

13b. MOTHER'S MAIDEN NAME: Mary Lincoln

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 488-16-9999

17. INFORMANT: Miss Olive F. Brant; Address: 5727 McPherson Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Cardiac Decompensation | 5 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | CorPulmonale | 2 Years |
| DUE TO (c) | Pulmonary Emphysema 527.1 | 15 Years |

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 1938, to 1960 and last saw her/him alive on 10-14-60

Death occurred at 5:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): David M. Skilling Jr. M.D.

22b. ADDRESS: 18 South Kingshighway

22c. DATE SIGNED: 10-15-60

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

23b. DATE: 10/17/1960

23c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory

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

24. FUNERAL DIRECTOR: C.R.Lupton and Sons

ADDRESS: 7233 Delmar Blv'd.

25. DATE RECD. BY LOCAL REG.: OCT 17 1960

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

**STATEMENT BY LICENSED EMBALMER**

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Arnold W. Sche

Signature of Student Embalmer

Licensed Embalmer No. 386

P. O. Address St. Lou

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