URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 1 0 1960 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10692 STATE FILE NUMBER -60-040271

1. PLACE OF DEATH
a. COUNTY Homer G Phillps
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) Homer G Phillps — 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) 2913 Cass Ave — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Preston Middle Stewart Last
4. DATE OF DEATH Month 11 Day 2 Year 1960
5. SEX Male
6. COLOR OR RACE Nergo
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH 2-2-1900
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)
10b. KIND OF BUSINESS OR INDUSTRY Labor
11. BIRTHPLACE (City and state or country) Woodville Miss
12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME Sam Stewart
13b. MOTHER'S MAIDEN NAME Lise Maellen
14. NAME OF HUSBAND OR WIFE —
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. 499-03-4956
17. INFORMANT Rev. A. Holden. Address 1701 N. Garrison

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Failure (Heart) — INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 434.1
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 10-28-60, to 11-2-60 and last saw her/him alive on 11-2-60
Death occurred at 8 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature]
22b. ADDRESS 822 N. Jefferson
22c. DATE SIGNED 11-4-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-7-1960
23c. NAME OF CEMETERY OR CREMATORY Washington Park
23d. LOCATION (City, town, or county) Berkeley (State) MO.

24. FUNERAL DIRECTOR Hill & Radford ADDRESS 1713 N Grand
25. DATE RECD. BY LOCAL REG. NOV 5 1960
26. REGISTRAR'S SIGNATURE Carl Smith. M.D.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 Leroy H. Lanni

Licensed Embalmer No. 452

P. O. Address 4251 9

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