RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

LED VS DEC 12 1960

-60-044767

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3439

DED

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO. Length of stay in 1b 8 1/2 HRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ILLINOIS b. COUNTY KNOX
c. CITY OR TOWN ALTON Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) 2510 LOCUST Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CARL Middle R. Last STEWART

4. DATE OF DEATH Month 11 Day 26 Year 1960

5. SEX MALE
6. COLOR OR RACE NEGRO
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9-28-88
9. AGE (last birthday) 72 YRS 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) BARBER
10b. KIND OF BUSINESS OR INDUSTRY BARBER SHOP
11. BIRTHPLACE (City and state or country) MURPHYSBORO, ILLINOIS
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME JOSEPH STEWART
13b. MOTHER'S MAIDEN NAME MARY TURNER
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. —
17. INFORMANT Address MARCUS STEWART 2510 LOCUST, ALTON, ILL.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARDINOMA OF THE PANCREAS — INTERVAL BETWEEN ONSET AND DEATH 6 - 7 MOS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
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. VA attended the deceased from 4:25 P.M., to 12:55 AM and last saw him alive on 11-26-60
Death occurred at 12:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James S. Nelson, M.D.
22b. ADDRESS VAH. JEFF BRKS, 25, MO.
22c. DATE SIGNED 11-26-60

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 11-28-60
23c. NAME OF CEMETERY OR CREMATORY MARION MEMORIAL CEMETERY
23d. LOCATION (City, town, or county) (State) MARION, ILLINOIS

24. FUNERAL DIRECTOR ADDRESS WADE FUNERAL HOME 4202 FINNEY ST LOUIS MO
25. DATE RECD. BY LOCAL REG. 11-28-60
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Edward A O'Flynn
Signature of Student Embalmer

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Av

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.