

AMENDED

Registration District No. **318** Primary Union District No. **1003** Registrar's No. **1358**

STATE FILE NUMBER

FILED VS FEB 20 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) ST. LOUIS		Length of stay in 1b 20 YRS		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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 1040 N NEWSTEAD		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First SULA Middle ELIZABETH Last STEWART			4. DATE OF DEATH Month 2 Day 8 Year 61								
5. SEX FEMALE		6. COLOR OR RACE NEGRO		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-10-06		9. AGE (last birthday) 54		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK		10b. KIND OF BUSINESS OR INDUSTRY NIL		11. BIRTHPLACE (City and state or country) ARK		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME BENJAMIN DOYLE			13b. MOTHER'S MAIDEN NAME ELIZA WYNN			14. NAME OF HUSBAND OR WIFE CHARLES E. STEWART					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			17. INFORMANT MARY PENN			Address 1040 N NEWSTEAD					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) carcinoma of nasopharynx with metastases DUE TO (b) with metastases DUE TO (c) 146x								INTERVAL BETWEEN ONSET AND DEATH			
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.		Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 6-10-59 to present and last saw her alive on Jan 6-1961 Death occurred at 10:45 P on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Arthur C. Brooks (Degree or title) Arthur C. Brooks M.D.						22b. ADDRESS BARNES HOSPITAL Washington University Clinics			22c. DATE SIGNED 2-9-61		
23a. REMOVAL (Specify)		23b. DATE 2-13-61		23c. NAME OF CEMETERY WASHINGTON PARK		23d. LOCATION (City, town, or county) ST. LOUIS, COUNTY, MO.		(State)			
24. FUNERAL DIRECTOR J. W. & ANDERSON FUNERAL HOME, Inc.				ADDRESS 4481 FINNEY AVE		25. DATE RECD. BY LOCAL REG. FEB 10 1961		26. REGISTRAR'S SIGNATURE Loed Smith, M.D.			

Handwritten notes:
OK. Signed by Paul Smith 2/6/61

STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John K. Cunningham
Licensed Embalmer No. 4476

P. O. Address 2405 Main

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