MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1962

-62-034186
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. _____

DO NOT WRITE ON THIS STUB | AMENDED

VS 300 Rev. 4/59

1 0269
2 2119
3
4 3
5 0
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7 0
8 1
9 954X
10 46
11 121
12 2-0
13

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: | Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Mary's Hospital | 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): 2427 Bellglade | Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Pansy Middle Patricia Last Stewart
4. DATE OF DEATH: Month Day Year 9-21-62
5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-13-41
9. AGE (last birthday): 21 | 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): Student
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: Nathan Stewart
13b. MOTHER'S MAIDEN NAME: Katie Russell
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)
16. SOCIAL SECURITY NO.: Unk.
17. INFORMANT: Katie Russell Address: 2427 Bellglade

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral anoxia
INTERVAL BETWEEN ONSET AND DEATH: 20 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cardiac arrest during induction of anesthesia
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized peritonitis ? cause
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 Sept. 20, '62, to Sept 21, '62 and last saw her alive on Sept. 21, '62
Death occurred at 2:45 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. Gron M.D.
22b. ADDRESS: 515 E High; J. C., Mo.
22c. DATE SIGNED: 9/22/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9-27-62
23c. NAME OF CEMETERY OR CREMATORY: Washington Park
23d. LOCATION (City, town, or county): St. Louis County (State) Mo.

24. FUNERAL DIRECTOR: S.J. Watson ADDRESS: 2769 Chouteau Ave.
25. DATE RECD. BY LOCAL REG.: 9-26-62
26. REGISTRAR'S SIGNATURE: Hunt Andrewlee M.D.

(Licensed Embalmer's Statement on Reverse Side)

SEP 27 1962

STATEMENT BY LICENSED EMBALMER

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 Jefferson McClendon

Licensed Embalmer No. 5072

P. O. Address 4535 Washington

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.