

STEWART
FILED-SEP-2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28580

State File No. 7394

318

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			17	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				d. STREET ADDRESS (If rural, give location) 12 1002 N. Kingshighway Blvd.				D	
3. NAME OF DECEASED (Type or Print) a. (First) George C. Stewart			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Aug. 23, 1949		
5. SEX M. W.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.		8. DATE OF BIRTH June 9, 1872		9. AGE (in years last birthday) 77 if under 1 year: Months 2, Days 14, Hours, Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Moulder			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Mary Stewart			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. James Sheehan, 917 Warren St.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypertensive arteriosclerotic heart disease</i>				INTERVAL BETWEEN ONSET AND DEATH <i>many years</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <i>Hypertension - generalized arteriosclerosis</i>				<i>many years</i>	
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 97					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>45 ft</i>					
22. I hereby certify that I attended the deceased from <i>7/16</i> 1949, to <i>Aug 23</i> , 1949, that I last saw the deceased alive on <i>Aug 23</i> , 1949, and that death occurred at <i>8329 m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE <i>Josiah Maydon</i>				(Degree or title) <i>M.D.</i>		23b. ADDRESS <i>520 West 7th University City Mo</i>		23c. DATE SIGNED <i>8-24-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Aug. 25, 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>			
DATE REC'D BY LOCAL REG. <i>AUG 25 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Gardner</i>			FUNERAL DIRECTOR'S SIGNATURE <i>Arthur J. Donnelly</i>		ADDRESS <i>3840 Lindell Blvd.</i>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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2451 4029

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
Student Embalmer

Signed *Thomas R. Fenwick*

Licensed Embalmer No. *3793*

P. O. Address *3840 Linden*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.