

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28805

FILED SEP 6 1949

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

| | | | | |
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| BIRTH NO. | | REG. DIST. NO. 379 | PRIMARY REG. DIST. NO. 3669 | Registrar's No. 1980 |
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights | | c. LENGTH OF STAY (in this place) | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital | | d. STREET ADDRESS (If rural, give location) 6007 A. Pershing | | |
| 3. NAME OF DECEASED (Type or Print) Charles Howard Stewart | | a. (First) | b. (Middle) | c. (Last) |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married |
| 8. DATE OF BIRTH Oct. 27 1879 | | 9. AGE (In years last birthday) 69 | | IF UNDER 1 YEAR Months 7 Days 22 |
| 10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. Treasurer | | 10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis | | 11. BIRTHPLACE (State or foreign country) Chicago Ill. |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME Charles A. Stewart | | |
| 13b. MOTHER'S MAIDEN NAME Margaret Mac Farland | | 14. NAME OF HUSBAND OR WIFE Marie Finan 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. None | | 17. INFORMANT'S SIGNATURE OR NAME Marie Finan Stewart |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | 19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate with metastases ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Insufficiency | | INTERVAL BETWEEN ONSET AND DEATH 3y. |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION Ca of Prostate | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from April 15 , 19 48 to Aug 14 , 19 49 , that I last saw the deceased alive on 8-13 , 19 49 and that death occurred at 12:30 p.m. , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE J. E. Out | | 23b. ADDRESS 634 N. Grand | | 23c. DATE SIGNED 8-16-49 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 8-17-49 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery |
| 24d. LOCATION (City, town, or county) (State) St. Louis Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE Thos J. Sauer | | |
| DATE REC'D BY LOCAL REG. 8-16-49 | | REGISTRAR'S SIGNATURE Harold C. Shanks | | ADDRESS 1519 S. Grand |

5-A

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Edward P. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo

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