

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18691  
1926

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St Louis</u> )	c. LENGTH OF STAY (in this place) <u>4 mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>2129</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Masonic Hospital</u>		STREET ADDRESS (If rural, give location) <u>5351 Delmar</u> <u>0</u>	
3. NAME OF DECEASED. a. (First) <u>Francis</u> b. (Middle) <u>Pizarro</u> c. (Last) <u>Stewart</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>3</u> <u>50</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Apr. 26-1870</u>
9. AGE (in years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>8</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>	11. BIRTHPLACE (State or foreign country) <u>9</u>
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>James Francis Stewart</u>	
13b. MOTHER'S MAIDEN NAME <u>Coanna Howell</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Masonic Home Missouri</u>		ADDRESS <u>Leonic C. Robertson, Supt</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u>  ANTECEDENT CAUSES <u>Peptic Ulcer</u> 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> _____	
21f. HOW DID INJURY OCCUR? <u>SHO</u>		22. I hereby certify that I attended the deceased from <u>2-18-</u> , 19 <u>50</u> , to <u>6-3-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6-3-</u> , 19 <u>50</u> , and that death occurred at <u>4:50P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Leonic C. Robertson</u>		23b. ADDRESS <u>508 N. Grand</u>	
23c. DATE SIGNED <u>6-3-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>6-4-50</u>		24c. NAME OF CEMETERY OR CREMATORY _____	
24d. LOCATION (City, town, or county) (State) <u>Wentzville Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc.</u>	
DATE REC'D BY LOCAL REG. <u>JUN 5 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Pasalar</u>	
ADDRESS <u>4104 Manchester Ave</u>		ADDRESS <u>St. Louis 10, Mo.</u>	

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

9265

**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

*Van M. Sigmon*

Licensed Embalmer No. 4343

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.