

5. No. 306
V. 10. 48

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22222

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 1463

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>	
c. LENGTH OF STAY (In this place) <u>16 Mo.</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ozark Nursing Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ozark Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>5 Hillcrest Pl.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Dr. Louis</u>	b. (Middle) <u>Frank</u>	c. (Last) <u>Stuart</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>June 12, 1950</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 14, 1852</u>	9. AGE (In years last birthday) <u>97</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>28</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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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>Physician</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Samuel Stuart</u>	13b. MOTHER'S MAIDEN NAME <u>Adeline Shepard</u>	14. NAME OF HUSBAND OR WIFE <u>Fanny Swope Stuart</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Ethel D. Bender, Kirkwood, Mo.</u>	ADDRESS <u>Kirkwood, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Typhoid fever, chronic</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) <u>unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>422.2</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1 Oct., 1949, to 12 June, 1950; that I last saw the deceased alive on 12 June, 1950, and that death occurred at 11:16 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. S. Barnett, M.D.</u> (Degree or title)	23b. ADDRESS <u>243 W. Jefferson, Kirkwood</u>	23c. DATE SIGNED <u>12 June 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6/12/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Plattsburg Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Plattsburg, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-12-50</u>	REGISTRAR'S SIGNATURE <u>Hubert R. Alonzo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Bopp, Inc., Kirkwood, Mo.</u>	ADDRESS <u>Kirkwood, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

4003
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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.

Signed _____
Student Embalmer

Signed Felix Howard

Licensed Embalmer No. 3034

P. O. Address Westwood 22m

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.