

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1951

State File No. 3037  
Registrar's No. 881

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003

|  |                        |   |  |
|--|------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis   |                        | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2249                           |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital  |                        | d. STREET ADDRESS (If rural, give location) 3027a Keokuk St. 0  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) Emelie b. (Middle) c. (Last) Stewart   |                        |   | 4. DATE OF DEATH (Month) (Day) (Year) 1/26/51                      |
| 5. SEX Female  | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2  | 8. DATE OF BIRTH Dec. 7, 1863                                      |
| 9. AGE (In years last birthday) 87   |                        | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home                       | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0    |
| 10a. USUAL OCCUPATION  |                        | 10b. KIND OF BUSINESS OR INDUSTRY ---   | 12. CITIZEN OF WHAT COUNTRY? USA                                   |
| 13a. FATHER'S NAME Julius Schiller   |                        | 13b. MOTHER'S MAIDEN NAME Unknown   | 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) No ---  |                        | 16. SOCIAL SECURITY NO. ---   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lily Dreher--3027 Keokuk |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)   |                        |   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia  |                        |   | INTERVAL BETWEEN ONSET AND DEATH 2 wks.                            |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  |                        |   |  |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis + Nephrosclerosis   |                        |   |  |
| DUE TO (c) Chronic myocarditis & failure   |                        |   |  |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Somaticity.   |                        |   | 442X   |
| 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) (Min)  |                        | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                |  |
| 21f. HOW DID INJURY OCCUR? Hoo 2   |                        |   |  |
| 22. I hereby certify that I attended the deceased from June 1849, to Jan 26, 1951, that I last saw the deceased alive on Jan 26, 1951, and that death occurred at 8:30 p m., from the causes and on the date stated above. |                        |   |  |
| 23a. SIGNATURE Charles J. Obermayer (Degree or title) M.D.O.   |                        | 23b. ADDRESS 3103 disney st   |  |
| 23c. DATE SIGNED 1/27/51   |                        |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial   |                        | 24b. DATE 1/29/51   |  |
| 24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery   |                        | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri   |  |
| DATE REC'D BY (LOCAL) REG. JAN 29 1951   |                        | REGISTRAR'S SIGNATURE J. B. Forster   |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Heldrele   |                        | ADDRESS 3634 Gravois  |  |

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Frank J. DuPaul Sr.*

Signed.....  
Student Embalmer

Licensed Embalmer No. *52675*

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.