

FILED JAN 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 30380
703

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		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) St. Louis, Mo		c. LENGTH OF STAY (In this place) 13 days		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS				2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				d. STREET ADDRESS (If rural, give location) 4443 PERSHING AVE					
3. NAME OF DECEASED (Type or Print) James Cochran Stewart			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH Jan. 22, 1951			5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		
8. DATE OF BIRTH SEPT. 29-1889			9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		11. BIRTHPLACE (State or foreign country) Mo		
10a. USUAL OCCUPATION			10b. KIND OF BUSINESS OR INDUSTRY TOOMS CLUB		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME JOHN STEWART			13b. MOTHER'S MAIDEN NAME JULIA HART			14. NAME OF HUSBAND OR WIFE MAMIE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs Mamie 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.			MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Central thrombosis					INTERVAL BETWEEN ONSET AND DEATH 13 da.	
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart disease					Unknown	
			DUE TO (c)						
			ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary edema						
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? H&H 3X					
22. I hereby certify that I attended the deceased from Jan 10, 1951, to Jan 22, 1951, that I last saw the deceased alive on Jan 22, 1951, and that death occurred at 3:02 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J. B. Bradley M.D.				23b. ADDRESS Barnes Hospital			23c. DATE SIGNED 1/22/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1/24/51		24c. NAME OF CEMETERY OR CREMATORY CEMETERY CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO			
DATE REC'D BY LOCAL REG. JAN 23 1951		REGISTRAR'S SIGNATURE J. B. Bradley		25. FUNERAL DIRECTOR'S SIGNATURE L. MULLEN UND Co 5165 Delmar					

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

Ronald O. Yuhake

Signed.....

Student Embalmer

Licensed Embalmer No. *3917*

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.