

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35647

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1002** Registrar's No. **9367**

| | | | |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2259 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital | | 10. STREET ADDRESS (If rural, give location) 1004 a.O'Fallon Ave. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Joetta b. (Middle) c. (Last) Stewart | | 4. DATE OF DEATH (Month) (Day) (Year) 10 22 1951 | |
| 5. SEX 3 Female | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jan 1, 1903 |
| 9. AGE (In years last birthday) 48 | | 11. BIRTHPLACE (State or foreign country) Little Rock, Ark. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY Home | |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | |
| 14. NAME OF HUSBAND OR WIFE Charlie 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. Unk. | | 17. INFORMANT'S SIGNATURE OR NAME Charlie 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) Septicemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) multiple ulcerative lesions DUE TO (c) Lymphopathia Venereum 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"/> | | 21. INTERVAL BETWEEN ONSET AND DEATH 3 months 3 mos. + | |
| 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) (Minute) | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 037X | |
| 22. I hereby certify that I attended the deceased from Aug 30, 1951 , to Oct. 22, 1951 , that I last saw the deceased alive on Oct 21, 1951 , and that death occurred at 6:22 a. m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Henry C. Dugas, M.D. | | 23b. ADDRESS 1422 No. Taylor | |
| 23c. DATE SIGNED 11-23-51 | | 24. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 10/25/51 | |
| 24c. LOCATION (City, town, or county) (State) St. Louis County | | 24d. DATE REC'D BY LOCAL REG. OCT 23 1951 | |
| REGISTRAR'S SIGNATURE Earl Smith MD | | 25. FUNERAL DIRECTOR'S SIGNATURE C.W. Roberts | |
| ADDRESS 1416 N. Taylor Ave. | | ADDRESS | |

(Licensed Embalmer's Statement on Reverse Side)

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.....

Fulton E. Culkin

Signed.....
Student Embalmer

Licensed Embalmer No. *498*

P. O. Address *W. Main St*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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