

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI

FILED MAR 1 1955

STANDARD CERTIFICATE OF DEATH 547

State File No. 6789

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 291

1. PLACE OF DEATH
a. COUNTY St. Louis, b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights c. LENGTH OF STAY (in this place) 423X
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)
a. STATE Missouri b. COUNTY St. Louis, c. CITY OR TOWN Overland d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION St. Mary's Hospital 0
STREET ADDRESS (If rural, give location) 9616 Robertson Ct.

3. NAME OF DECEASED (Type or Print) a. (First) Douglas b. (Middle) G. c. (Last) Stewart
4. DATE OF DEATH (Month) (Day) (Year) Feb. 2, 1955

5. SEX Male 0 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 8. DATE OF BIRTH Jan. 28, 1950
9. AGE (In years last birthday) 5 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri 0 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Elmer Stewart 13b. MOTHER'S MAIDEN NAME Helen Hoffert 14. NAME OF HUSBAND OR WIFE None.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil 16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elmer Stewart 9616 Robertson Ct.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pneumonia bilateral
*This does not mean the mode of dying, such as heart failure, asthenia, 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) WRT and right marked intercostal DUE TO (c) muscular weakness due to polio - 1950
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 NO

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) 081X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-4 1950 to 2-2 1953, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:00 PM from the causes and on the date stated above.

23a. SIGNATURE Peter J. Davis (Degree or title) 23b. ADDRESS 701 S. 634 N. Grand. 23c. DATE SIGNED 2-3-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 2-5-55 24c. NAME OF CEMETERY OR CREMATORY Local 24d. LOCATION (City, town, or county) (State) Rolla, Missouri

DATE REC'D BY LOCAL REG. 2-4-55 REGISTRAR'S SIGNATURE Herbert P. Donke, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.

G.W. (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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Paul A. Wachtel*

Licensed Embalmer No. *478*

P. O. Address *Stou...*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.