

FILED APR 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11487

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3129**

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 town or township) St. Louis		c. LENGTH OF STAY (in this place) 10 yrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 3646 Garfield					
3. NAME OF DECEASED (Type or Print) a. (First) Odessa		b. (Middle)		c. (Last) Steward		4. DATE OF DEATH (Month) (Day) (Year) 3 23 56			
5. SEX Female		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 30, 1930			
9. AGE (In years last birthday) 25		IF UNDER 1 YEAR Months 4 Days 23		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Lambart, Miss.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.									
13a. FATHER'S NAME Otis Wiggins			13b. MOTHER'S MAIDEN NAME Willie Edna Fox			14. NAME OF HUSBAND OR WIFE James Steward			
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 James Steward 3646 Garfield Avenue					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Choriocarcinoma. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Undt.	
19a. DATE OF OPERATION 3-17-56		19b. MAJOR FINDINGS OF OPERATION Intra-abdominal hemorrhage.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?					
22. I hereby certify that I attended the deceased from 3-2- , 19 56 , to 3-23- , 19 56 , that I last saw the deceased alive on 3-23- , 19 56 , and that death occurred at 7:25a.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) W. L. Smiley M.D.				23b. ADDRESS 2601 N. Whittier Street		23c. DATE SIGNED 3-26-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-28-56		24c. NAME OF CEMETERY OR CREMATORY Father Dicksons		24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.			
DATE REC'D BY LOCAL REG. MAR 29 1956		REGISTRAR'S SIGNATURE Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. B. Rouse 1221 N. Grand				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING INK—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 em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William Blackman*.....
Licensed Embalmer No. *34*

P. O. Address *1221 N*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.