Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 27993

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 218

1. PLACE OF DEATH
a. COUNTY Saint Charles County, Missouri
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Saint Charles, Missouri — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Saint Joseph's Hospital — Length of stay in 1b 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis, County, Mo.
c. CITY OR TOWN Robertson, Missouri — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS R#2, Box 601 (If outside, give location) 4000 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First William Middle F. Last Stewart

4. DATE OF DEATH Month Sept Day 4 Year 1956

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH 6-7-98

9. AGE (In years last birthday) 58 — IF UNDER 1 YEAR: Months 2 Days 28 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist

10b. KIND OF BUSINESS OR INDUSTRY Emerson Electric

11. BIRTHPLACE (City and state or country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William L. Stewart

14. MOTHER'S MAIDEN NAME Cora B. King

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. unknown

17. INFORMANT Martha Stewart Address Robertson Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of caecum with metastasis — INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 153X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov. 1954, to Sept 8, 1956 and last saw her/him alive on Sept 3, 1956
Death occurred at 1:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE G. J. Canty (Degree or title) M.D.
22b. ADDRESS St. Charles Mo
22c. DATE SIGNED Sept 4 1956

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Sept 6, 1956
23c. NAME OF CEMETERY OR CREMATORY Valhalla
23d. LOCATION (City, town, or county) St. Louis County (State) Mo.

24. FUNERAL DIRECTOR Ortmann Funeral Home
ADDRESS Overland Mo.
25. DATE RECD. BY LOCAL REG. Sept 4 1956
26. REGISTRAR'S SIGNATURE Fannie Hamilton

(Licensed Embalmer's Statement on Reverse Side)

SEP 10 1958

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 Al C. Ostmann

Licensed Embalmer No. 34

P. O. Address .....

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.