

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36735**  
Registrar's No. **436382**

FILED OCT 23 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **336** PRIMARY REG. DIST. NO. **6129**

1. PLACE OF DEATH a. COUNTY <b>Shannon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Hartshorn</b>		c. LENGTH OF STAY (in this place township) <b>11 minutes</b>	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>4613 North Union</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>IVAN</b> c. (Last) <b>Stewart</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 7, 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 11th, 1905</b>		9. AGE (In years last birthday) <b>50</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Gauge Inspector</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U. S. Defense Corp.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Cincinnati, Ohio</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>William H. Stewart</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Edna V. Stewart</b>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>World War # 2</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Edna V. Stewart</b> ADDRESS <b>1613 N. Union Blvd., 13,</b>	
--	---	--	--

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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crushed chest, car overturned and rolled over, spilling victim</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Avoiding cattle on road</b> DUE TO (c) <b>Loose gravel &amp; open range</b>		
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"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Rt K, Shannon</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>Hartshorn Tower, Shannon, Mo.</b> (COUNTY) <b>10</b> (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Oct 7th, 56, 3P m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Ovberburned car spilled victim</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **3P** m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <b>R. F. Wilson</b> <b>Shannon County</b> <b>Coroner</b>	23b. ADDRESS <b>Eminence, Mo.</b>	23c. DATE SIGNED <b>10/20/56</b>
---	-----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal-Motor</b>	24b. DATE <b>10/11/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>
--	---------------------------	--	--

DATE REC'D BY LOCAL REG. <b>Octbr. 19 1956</b>	REGISTRAR'S SIGNATURE <b>Mabel [Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>CALVIN F. FRUTZ</b> ADDRESS <b>4828 Natural Bridge Blvd. FUNERAL HOME, INC., St. Louis, Mo.</b>
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

470

1001 10 14

OCT 26 1958

OCT 24 1958

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 *John F. Bennett*  
Licensed Embalmer No. 2070

P. O. Address *G. W. Bennett*

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.