

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

File No. **12647**

FILED APR 16 1957

BIRTH NO. _____ REG. DIST. NO. **100** PRIMARY REG. DIST. NO. **2018** Registrar's No. **35**

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

1. PLACE OF DEATH a. COUNTY DENT		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 SALEM		c. LENGTH OF STAY (in this place) 2 weeks	c. CITY OR TOWN ST. LOUIS
d. FULL NAME OF HOSPITAL OR INSTITUTION: KNOX NURSING HOME		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ETTA c. (Last) STEWART		4. DATE OF DEATH (Month) (Day) (Year) APRIL 10 1957	
5. SEX FEMALE	6. COLOR (OR RACE) White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC. 25, 1975
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	9. AGE (In years last birthday) 81
11. BIRTHPLACE (City and State or Foreign Country) SALEM, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN W. LEONARD		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE THOS. STEWART (DEC'D)
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. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fount Stewart 1411^a Dolman St. Louis, Mo.
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) Coronary Occlusion ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____ 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? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH weeks	
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) 4201	
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 4/5/57 , 19____, to 4/10/57 , 19____, that I last saw the deceased alive on 4/10/57 19____, and that death occurred at 4:00 A. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Joseph R. Burnett, M.D.		23b. ADDRESS Salem, Mo.	23c. DATE SIGNED 4/10/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal + Burial	24b. DATE APRIL 12, 1957	24c. NAME OF CEMETERY OR CREMATORY VALHALLA CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO.
DATE REC'D BY LOCAL REG. 4/12/57	REGISTRAR'S SIGNATURE M. M. Hunt mo/rlm	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Max L. Warfel Salem, Mo.	

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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..... *Max R. Waife*

Licensed Embalmer No. *4170*

P. O. Address *Salem, Mo.*

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.