

FILED JUN 3 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>St. Louis Missouri</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>3051 Brantner Pl.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <b>Mary</b> Middle <b>Stewart</b> Last <b>Stewart</b>				4. DATE OF DEATH Month <b>5</b> Day <b>21</b> Year <b>57</b>							
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Oct. 8, 1891</b>		9. AGE (In years last birthday) <b>65</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and state or country) <b>Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					
13. FATHER'S NAME <b>Bert Bectan</b>				14. MOTHER'S MAIDEN NAME <b>Ladia Breckton</b>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT <b>Isabell Jackson</b>		Address <b>3 051 Brantner</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] - PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac Insufficiency</b>								INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Hypertensive Cardiovascular Disease</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) <b>Arterolar Nephrosclerosis and Arteriosclerosis, Generalized</b>								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): <b>442x</b>								
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>5-13-57</b> to <b>5-21-57</b> and last saw her <del>XXXX</del> <b>alive</b> on <b>5-21-57</b> . Death occurred at <b>5:00</b> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <b>Hugh Waters, M.D.</b>				22b. ADDRESS <b>2601 N. Whittier St.</b>				22c. DATE SIGNED <b>5-22-57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>5-27-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oakdale</b>		23d. LOCATION (City, town, or county) (State) <b>Lemay Mo</b>					
24. FUNERAL DIRECTOR <b>E. B. Koonce</b>				ADDRESS <b>1021 N. Grand</b>		25. DATE RECD. BY LOCAL REG. <b>MAY 23 57</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>			

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 *Melvin Blackler*  
Licensed Embalmer No. *39*

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.