

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038261

STATE FILE NUMBER

10218

FILED NOV 10 1958 Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

|   |                                  |   |   |   |   |
|---|----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Illinois</u> b. COUNTY <u>Macoupin</u> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>St. Louis, Missouri.</u>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>Atwater</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <u>St. Luke's Hospital</u>  |                                  | Length of stay in lb<br><u>10 days</u>  | d. STREET ADDRESS<br><u>32</u>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Fred</u> Middle <u>Otis</u> Last <u>Steward</u>  |                                  |   | 4. DATE OF DEATH<br>Month <u>October</u> Day <u>23</u> Year <u>1958</u>   |   |   |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>June 3, 1896</u>   | 9. AGE (In years last birthday)<br><u>62</u>            | IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>                 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Laborer</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Construction</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Shaw Point, Illinois.</u>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |
| 13a. FATHER'S NAME<br><u>Samuel Steward</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Mary McDaniels</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Alma Steward</u>      |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>Nil</u>   | 17. INFORMANT<br><u>Alma Steward, Atwater, Illinois</u>   |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Peritonitis</u>  |                                  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 days</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>colon resection</u>   |                                  |   |   |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| DUE TO (c) _____  |                                  |   |   |   |   |
| 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.)  |   |   |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.   |                                  |   | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   |   |
| 20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |   |   |
| 21. I attended the deceased from <u>Oct 13-58</u> to <u>Oct 23-58</u> and last saw <sup>her</sup> alive on <u>10-23-58</u><br>Death occurred at <u>St. Luke's Hosp 1:50P</u> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |   |   |
| 22a. SIGNATURE<br><u>Carl E. Luscher M.D.</u> (Degree or title)   |                                  |   | 22b. ADDRESS<br><u>457 N. King Highway</u>  |   | 22c. DATE SIGNED<br><u>10/25/58</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>   |                                  | 23b. DATE<br><u>10-24-58</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Local</u>  |   | 23d. LOCATION (City, town, or county) (State)<br><u>Carlinville, Illinois.</u>                    |
| 24. FUNERAL DIRECTOR<br><u>Albert H. Hoppe, 4700 Washington Blvd.,</u>  |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><u>OCT 25 '58</u>   | 26. REGISTRAR'S SIGNATURE<br><u>J. Earl Smith, M.D.</u> |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 J. Haines* .....  
Licensed Embalmer No. *4108* .....  
P. O. Address *St. Louis, 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.