

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046367

STATE FILE NUMBER

12641

FILED JAN 12 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

| | | | | | |
|--|----------------------------------|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Illinois b. COUNTY Livingston) | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | 8/28 CITY OR TOWN Dwight 8 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pirmin Desloge Hospital | | Length of stay in lb 17 days | | d. STREET ADDRESS (If outside, give location) 209 Pollard Ave. | |
| 3. NAME OF DECEASED (Type or print) First Ross Middle E. Last Stewart | | 4. DATE OF DEATH Month December Day 28 Year 1958 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Nov. 28, 1897 | 9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Switchman | | 10b. KIND OF BUSINESS OR INDUSTRY G.M.&O. R.R. | | 11. BIRTHPLACE (City and state or country) Hopedale, Ill. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | 13a. FATHER'S NAME James Stewart | | 13b. MOTHER'S MAIDEN NAME Emma Quissenberry | |
| 14. NAME OF HUSBAND OR WIFE Viola Stewart | | 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. Unknown | |
| 17. INFORMANT Viola Stewart, Dwight, Ill. | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis (acute) | | INTERVAL BETWEEN ONSET AND DEATH 3 days. | |
| CONDITIONS, if any, which gave rise to above cause (a), (b), or (c), last. from museum | | DUE TO (b) Coronary | | DUE TO (c) 4201H | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Coronary of lung - Pneumectomy 12/19/58 | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Hour Month, Day, Year 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 Death occurred at 12/28/58 845am to 12/28/58 and last saw her alive on 12/28/58 m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Joseph L. Lucido MD | | 22b. ADDRESS 6347. Grand (3) | | 22c. DATE SIGNED 12/28/58. | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 23b. DATE 12-29-58 | | 23c. NAME OF CEMETERY OR CREMATORY Round Grove Cemetery | |
| 23d. LOCATION (City, town, or county) (State) Livingston, Ill. | | 24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd. | | 25. DATE RECD. BY LOCAL REG. DEC 30 '58 | |
| 26. REGISTRAR'S SIGNATURE Carl Smith | | | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

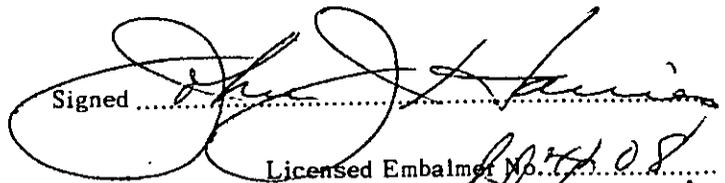
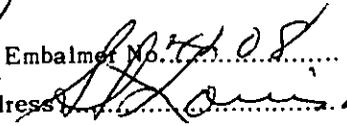
MEDICAL CERTIFICATION

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 
Licensed Embalmer No. 12345
P. O. Address 

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.