

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046606  
STATE FILE NUMBER

FILED JAN 6 1959

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3206

1. PLACE OF DEATH a. COUNTY St. Louis Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton 5,		c. CITY OR TOWN Valley Park 4000	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County		d. STREET ADDRESS (If outside, give location) 220 N. Pfieffer Dr.	
Length of stay in lb DOA		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First, Middle Last EDWARD WELDON STEWART, JR.			4. DATE OF DEATH Month Day Year Dec. 6, 1958		
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5. SEX MALE 0	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 July 29, 1924	9. AGE (In years last birthday) 34	10. FUNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ser. Sta. Operator	10b. KIND OF BUSINESS OR INDUSTRY Sta. Stewart's Gulf	11. BIRTHPLACE (City and state or country) Ohio	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Edward W. Stewart Sr.	13b. MOTHER'S MAIDEN NAME Myrtle Ship	14. NAME OF HUSBAND OR WIFE Alta B. Stewart
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) Yes	16. SOCIAL SECURITY NO. 487-24-2683	17. INFORMANT Alta B. Stewart-220 N Pfieffer Dr.	Address Valley Park, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries, skull fracture and brain damage		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input checked="" 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.) Operator of car involved in collision with another
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20c. TIME OF INJURY Hour 9:30 Month, Day, Year 12/6/58 p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway	20e. CITY, TOWN, OR LOCATION Rural	COUNTY St. Louis	STATE Missouri
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway	20f. CITY, TOWN, OR LOCATION Rural	COUNTY St. Louis	STATE Missouri
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Raymond D. Dorner</i>	(Degree or title) Dorner	22b. ADDRESS Clayton, Mo.	22c. DATE SIGNED 12/16/58
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE Dec. 10, 1958	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or country) (State) St. Louis County, Mo.
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24. FUNERAL DIRECTOR Pfitzinger Mort-Kirkwood 22, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-8-58	26. REGISTRAR'S SIGNATURE <i>Nerbert P. Donke M.D.</i>
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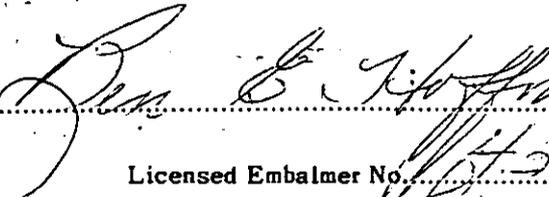
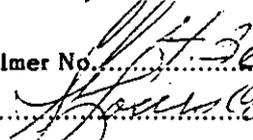
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. 11436  
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.