

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-004375

FILED VS FEB 1 1960

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 135 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ST LOUIS	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON MO		c. CITY OR TOWN WEBSTER GROVES MO	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION COUNTY HOSPITAL		d. STREET ADDRESS (if outside, give location) 203 LITHIA AVE	

3. NAME OF DECEASED (Type or print) First Middle Last Cornelia Stewart			4. DATE OF DEATH Month Day Year 1 - 11 - 60			
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5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH April 23 1890 69	9. AGE (last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC	10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and state or country) ABERDEEN MISS -	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME JACK M BRIDE	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE JAMES Stewart
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Jessie Mondame	Address 203 Lithia Ave
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Congestive Heart Failure	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) H C V D	
	DUE TO (c) Chronic Renal Disease	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased <input checked="" type="checkbox"/> as female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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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 checked="" 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
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21. I attended the deceased from **12-13-59** to **1-11-60** and last saw her/him alive on **1-11-60**
Death occurred at **4:12 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Curt W. ...</i> (Degree or title)	22b. ADDRESS 601 So. Brentwood	22c. DATE SIGNED 1/13/60
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23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY Palmer Dicksons	23d. LOCATION (City, town, or county) (State) Crestwood Mo
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24. FUNERAL DIRECTOR <i>J. ...</i> ADDRESS 1776 ...	25. DATE RECD. BY LOCAL REG. 1-14-60	26. REGISTRAR'S SIGNATURE <i>J. ...</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Theodore J. Paul

Licensed Embalmer No. 424

P. O. Address 1234
Weston In on

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.