URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 22 1960

60-017368

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 4115

ENDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Incarnate Word Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY

c. CITY OR TOWN: St.Louis — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 345 Rosedale — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Earl Middle: Harvey Last: Stewart

4. DATE OF DEATH: Month: April Day: 12, Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH: 6/7/1901

9. AGE (last birthday): 58

IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elevator Operator

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: John A.Stewart

13b. MOTHER'S MAIDEN NAME: Amanda Jones

14. NAME OF HUSBAND OR WIFE: Unavailable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Alva Stewart, Address: Rector,Ark.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Bronchogenic Carcinoma Lt Lung — INTERVAL BETWEEN ONSET AND DEATH: 6 Mo ±

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c): 162.1

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 was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Feb. 26, 1960, to April 12, 1960 and last saw ~~her~~ him alive on April 10, 1960

Death occurred at 4:40 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Joshua E. Jones (Degree or title) M.D.

22b. ADDRESS: 607 N Grand Blvd St Louis 3, Mo.

22c. DATE SIGNED: 4/13/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 4-14-60

23c. NAME OF CEMETERY OR CREMATORY: Rector Cemetery

23d. LOCATION (City, town, or county) (State): Shannon Co., Mo.

24. FUNERAL DIRECTOR: Albert H.Hoppe,Inc. ADDRESS: 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.: APR 14 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

VS NOV 15 1980

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 Stanley H. Sifon

Licensed Embalmer No. 419

P. O. Address St. Louis

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