

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-004687  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 139

**FILED JAN 29 1963**

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CITY OF ST. LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON BARRACKS, MO</b>		Length of stay in lb <b>47 DAYS</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>1233 AMHERST PLACE</b>	
3. NAME OF DECEASED (Type or print) <b>OSCAR (NMI) STEWART</b>		4. DATE OF DEATH Month <b>JANUARY</b> Day <b>12</b> Year <b>1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> <b>COMMON-LAW-WIFE</b>	8. DATE OF BIRTH <b>12-31-1910</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MIXING MACHINE OPERATOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MANUFACTURING</b>	
13a. FATHER'S NAME <b>RICHARD STEWART</b>		13b. MOTHER'S MAIDEN NAME <b>ELEVANA EASLEY</b>	
14. NAME OF HUSBAND OR WIFE <b>BETTY THOMAS</b>		17. <b>COMMON-LAW-WIFE</b> <b>ST. LOUIS, MO.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <b>YES WW-2</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>METASTATIC CARCINOMA TO BRAIN</b>		INTERVAL BETWEEN ONSET AND DEATH <b>UNKNOWN</b>	
DUE TO (b) <b>CARCINOMA LUNG, RIGHT UPPER LOBE</b>		<b>UNKNOWN</b>	
DUE TO (c) <b>1637</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>ACUTE PASSIVE CONGESTION WITH PULMONARY EDEMA</b>		PART III. If deceased was female was there a pregnancy in last 90 days: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour <b>8:35 PM</b> Month, Day, Year <b>11-26-62</b>		20f. CITY, TOWN, OR LOCATION <b>VA HOSP. JEFF. BRKS, MO.</b>	
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.) <b>VA</b>	
21. attended the deceased from <b>11-26-62</b> to <b>1-12-63</b> Death occurred at <b>8:35 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <b>1-13-63</b>	
22a. SIGNATURE <i>John Mueller M.D.</i>		22b. ADDRESS <b>VA HOSP. JEFF. BRKS, MO.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1-21-63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>National</b>		23d. LOCATION (City, town, or county) <b>Jefferson Barracks Mo.</b>	
24. FUNERAL DIRECTOR <b>JAS. H. RANDLE &amp; SON</b>		25. DATE RECD. BY LOCAL REG. <b>1-15-63</b>	
ADDRESS <b>3133 Bell Ave.</b>		26. REGISTRAR'S SIGNATURE <i>John B. Mumfley M.D.</i>	

USE BLACK INK OR TYPEWRITER RIBBON

**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 *Charles H. Harris*

Licensed Embalmer No. 4458

P. O. Address 4181 Washington

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.