

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030554

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7910

STATE FILE NUMBER

FILED AUG 9 1963

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH  
 a. COUNTY Missouri  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 3 weeks  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY St. Louis  
 c. CITY OR TOWN Wellston Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 6331 Derby Avenue Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last Minnie E Stewart  
 4. DATE OF DEATH Month Day Year August 2, 1963

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 2-11-84 9. AGE (last birthday) 79 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY At Home 11. BIRTHPLACE (City and state or country) Illinois 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Brown 13b. MOTHER'S MAIDEN NAME Nancy Mitchell 14. NAME OF HUSBAND OR WIFE Forrest E. Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ) no none 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mr. Forrest E. Stewart 6331 Derby Avenue

18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Arteriosclerotic heart disease with arteriolar nephrosclerosis  
 DUE TO (b) Generalized arteriosclerosis  
 DUE TO (c) 42n.0  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 7-13-63 to 8-2-63 and last saw her/him alive on 8-2-63  
 Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. E. Muehlen M.D. 22b. ADDRESS 634 N. Grand Blvd. 22c. DATE SIGNED 8-3-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Aug 5, 1963 23c. NAME OF CEMETERY OR CREMATORY Warrenton Cemetery 23d. LOCATION (City, town, or county) (State) Warrenton Missouri

24. FUNERAL DIRECTOR ADDRESS Shepard Funeral Chapel 9255 Nat. Bridge 25. DATE RECD. BY LOCAL REG. AUG 3 1963 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

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Dr. C. E. Mueller

**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,

~~by~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Lawrence O. Heilung

Licensed Embalmer No. 4979

P. O. Address St. Louis, Mo.

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.