

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

38393

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
1003
Primary Registration District No.
(No. St. Johns Hosp.)

File No.
Registered No. 11059
St. Ward)

2. FULL NAME

(a) Residence. No. 5841 Cote Brilliant Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rachael Steward

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 24. 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 1 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer) Peoples Motor Bus Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Archie Steward

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Marion Endaley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT Mrs. W. E. McRaney
(Address) 5841 Cote Brilliant

15. FILED EC 11 1927 Man C. Starckoff
19. 11 1927

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 11 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 7 1927, to Dec 11 1927 that I last saw him alive on Dec 10 1927, and that death occurred, on the date stated above, at 4:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage (apoplexy)

8-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31
(duration) 4 yrs. mos. da.

CONTRIBUTORY (SECONDARY) Atherosclerosis
(duration) 8 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH? no

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
Chemical

(Signed) 12/11 1927 (Address) Missouri Bldg, M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Popular. Bluff Mo DATE OF BURIAL 12/11 1927

20. UNDERTAKER Mullen and Co. ADDRESS 516 S. Delmar St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH, WITH-OUT-CHARGE-TO-PATIENTS-THIS IS A PERMANENT RECORD

