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

Do not use this space.

File No. 25347

Registered No. 8153

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. 1003

City St. Louis (No. St. Luke's Hospital St. Ward)

2. FULL NAME William O. Stewart

(a) Residence. No. 4905 Cleveland Ave. St., 7 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna L. Stewart (Deceased)

6. DATE OF DIRTH (MONTH, DAY AND YEAR) Sept. 15, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	9	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Grocery Business
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

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

PARENTS

10. NAME OF FATHER William O. Stewart

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

12. MAIDEN NAME OF MOTHER Anna Liza Lenover

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

14. INFORMANT Clarence W. Stewart
(Address) 837 New Cook Ave.

15. FILED Nov -9 1928, 19..... Lee C. Warren REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7 1928

17. I HEREBY CERTIFY, That I attended deceased from June 29th, 1928, to July 7th, 1928, that I last saw him alive on July 6th, 1928, and that death occurred, on the date stated above, at 7:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Antrum Lt
Eye with Extension into orbit
(duration) yrs. 4 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Meningitis (Post operative)
(duration) yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 2nd, 1928

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Opinion - Pathologist

(Signed) John Gurney, M. D.

July 9 1928 (Address) 400 Metropolitan Bldg.

*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 Friedens

DATE OF BURIAL July 10 1928

20. UNDERTAKER Wolf Kemper Undertaker

ADDRESS 4143 West Florissant Av.

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.

THIS IS A PERMANENT RECORD