

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

Do not use this space.

23349

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 5522 - Kingshighway) Ward 14

File No. ....  
 Registered No. 6834

**2. FULL NAME**

(a) Residence. No. 5522 - Kingshighway East Ward. 14  
 (Usual place of abode) (If nonresident, give city or town and State)  
 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Stewart</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 12 - 1872</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>10</u>
	DAY <u>15</u>	IF LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housework</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

PARENTS	9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	10. NAME OF FATHER <u>Unknown</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

14. INFORMANT (Address) <u>Edna M. Gireg</u> <u>5522 - Kingshighway</u>
15. FILED: <u>28</u> , 19 <u>May</u> <u>1929</u> REGISTRAR <u>W. C. Stahl</u>

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27 19 29  
 I HEREBY CERTIFY, That I attended deceased from June 1 1929 to June 26 1929  
 that I last saw her alive on June 26, 1929 and that death occurred, on the date stated above, at 7:10 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
1. Myocardial Chronic  
2. Nephritis Chronic  
3. Atherosclerosis  
 (duration) yrs. mos. da.  
 CONTRIBUTORY (SECONDARY) 109W  
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH .....  
 DID AN OPERATION PRECEDE DEATH? No DATE OF .....  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Sputum & Urine  
 (Signed) D. H. Howell M. D.  
June 27, 1929 (Address) 5522 Kingshighway

\*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  
St. Peter Paul DATE OF BURIAL June 29, 1929  
 20. UNDERTAKER  
Wacker-Helderle ADDRESS 2331-5 Blong

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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