MAR 27 1931

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

Do not use this space.

6958

1. PLACE OF DEATH

County St. Louis — Registration District No. — File No.

Township — Primary Registration District No. B — Registered No. 81

City Jefferson Barracks, Mo. (No. U.S. Veterans Hospital, Jefferson Barracks, Mo. Ward)

2. FULL NAME Wallace W. Stuart.

(a) Residence, No. 6083 Hartford Str., St. Louis, Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred un yrs. kn mos. owmis. 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.	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Hazel Stuart.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1, 1888

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
42	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Officer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of St. Louis, Mo. 187

10. Date deceased last worked at this occupation (month and year) - - - - - -

11. Total time (years) spent in this occupation 5y

12. BIRTHPLACE (CITY OR TOWN) Unavailable. (STATE OR COUNTRY) Missouri. 1

FATHER

13. NAME Unavailable.

14. BIRTHPLACE (CITY OR TOWN) Unavailable. (STATE OR COUNTRY) Unavailable. 219

MOTHER

15. MAIDEN NAME Unavailable.

16. BIRTHPLACE (CITY OR TOWN) Unavailable. (STATE OR COUNTRY) Unavailable.

17. INFORMANT C. H. Smith. Clinical Director. (ADDRESS) U.S. Veterans Hospital, Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE Feb. 25 1931

19. UNDERTAKER C. Hoffmeister Undertaking Co. (ADDRESS) St. Louis, Mo. 7814 Broadway

20. FILED Feb 25 1931 L. C. Obrock Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from February 11, 1931, to February 23, 1931

I last saw him alive on February 23, 1931 Death is said to have occurred on the date stated above, at 3:20 mAM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	
926	
506	

Other contributory causes of importance:

Acute Rheumatic Fever.

Name of operation - - - - - - Date of

What test confirmed diagnosis? Physical, X-Ray & Laboratory findings. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. C. Gibson, Medical Officer In Chg. M. D.

(Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

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.

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