

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

Do not use this space.

6967

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 4008
City St. Louis Mo. (No. 1006 a h - 16 th)

File No.
Registered No. 2077
St. Ward)

2. FULL NAME Henelia Stewart

(a) Residence. No. 1006 a h - 16 th St., 25 Ward. (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 Female
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Allen Stewart
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1896-2-3
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 36 0 22
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) at Home
(c) Name of employer at Home

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

10. NAME OF FATHER Alfred Holmes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Miss
12. MAIDEN NAME OF MOTHER India Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Miss

14. INFORMANT Allen Stewart
(Address) 1006 a h - 16 th St

15. FILED 1932
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 25 1932
17. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1932 to Feb. 25, 1932 that I last saw him alive on Feb. 25, 1932, and that death occurred, on the date stated above, at 2 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
108 108
108 108
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Cold non specific
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? No, DATE OF 1
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Cultural taken
(Signed) J. P. Flowers, M. D.
19 (Address) 711 N. 10th St

*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 Wendale Miss. DATE OF BURIAL Mar. 1932

20. UNDERTAKER L. V. Atkins ADDRESS 3317 Morgan St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

