

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

Do not use this space.

7829

1. PLACE OF DEATH

County St. Louis Registration District No. 1160
 Township Central Primary Registration District No. 4420
 City University City (No. 6600, Washington) St. _____ Ward _____

File No. _____
 Registered No. 32
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 6600 Washington St., _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15 1845

7. AGE YEARS 87 MONTHS 5 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) ST. LOUIS (STATE OR COUNTRY) MO.

13. NAME James Stewart

14. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY) _____

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

17. INFORMANT Mr. George Van Sickle (ADDRESS) 7238 North Moor Dr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellevue DATE Feb 25 1933

19. UNDERTAKER Shepard Funeral Home (ADDRESS) 1167-69 Hamilton Ave

20. FILED Feb. 24 1933 L. W. D. Moeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 - 1933 to Feb 22 - 1933
 I last saw him alive on Feb 22 - 1933 Death is said to have occurred on the date stated above, at 12:40 P.M.

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

Chronic Intestinal
Hyperplasia
Hypertensive Pneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) T. Meyer, M. D.
 (Address) 607 1/2 Grand Bl

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.

MAR 31 1933

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