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.

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

Do not use this space.

8050

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis Mo (No. Jewish Hospital — St. ..... Ward)

File No. .....

Registered No. 2052

2. FULL NAME Mrs Anna Stewart

(a) Residence, No. 1476 Goodfellow St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mitchell Stewart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July-15-1866

7. AGE: Years about 66; Months 7; Days 13; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Dec-28-32

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

MOTHER

15. MAIDEN NAME: Rachel Levin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

17. INFORMANT (ADDRESS): Harry Dubri 5561 Enwright

18. BURIAL, CREMATION, OR REMOVAL PLACE: Chevrah Kedusha DATE: Mar-1-1933

19. UNDERTAKER (ADDRESS): Oxenhandler Funeral Directors 4419 Washington Blvd

20. FILED: MAR-1 1933 19 Max C. Harlan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb-28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-28-32, 19..., to 2-28-33, 19...

I last saw her alive on 2-28-33, 19... Death is said to have occurred on the date stated above, at 6:45 p.m.

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

	Date of onset
Intra abdominal cancer	
3P site unknown	
5P Cancer cells obtained from	
ascitic fluid	1-23-33
Arteriosclerotic Heart disease	

Other contributory causes of importance:

~~Chronic Myocarditis~~

5P

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) Carl J. Heifetz, M. D.

(Address) Jewish Hospital