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.

JUL 20 1933

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.: 18972

Township: — Primary Registration District No.: 1501 — Registered No.: 626

City: St. Joseph, (No. 1135 Krug Park Place St. Ward)

2. FULL NAME: Albert D. Stewart

(a) Residence, No. 1135 Krug Park Place St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Hazel Margaret Stewart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct, 10, 1884

7. AGE: YEARS 48 — MONTHS 8 — DAYS 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Pres. Stewart
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Inso-Board Corp.
10. Date deceased last worked at this occupation (month and year): June, 17, 1933
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bellefontaine, Ohio.

FATHER

13. NAME: John K. Stewart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York, N.Y.

MOTHER

15. MAIDEN NAME: Anna Bergen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Franklin, Ohio.

17. INFORMANT (ADDRESS): Mrs. Hazel M. Stewart, 1135 Krug Park Place

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park Cem. DATE: June - 21, 1933

19. UNDERTAKER (ADDRESS): Walter Meierhoffer, 1302 Faraon St. St. Joseph, M

20. FILED: JUN 20 1933 — John R. Binder, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1932, to June 18, 1933

I last saw him alive on June 18, 1933. Death is said to have occurred on the date stated above, at 10 P m.

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

	Date of onset
Pulmonary Embolism	June 18 33
111 A	
66 B	

Other contributory causes of importance:

Thrombo angiitis obliterans	unknown

Name of operation: None — Date of: —

What test confirmed diagnosis? Clinical — 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? no

If so, specify:

(Signed) Gustav A Lau, M. D.

(Address) Kirkpatrick Bldg. St. Joseph, Mo.