

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.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo.

Registration District No. 791
1008
Primary Registration District No. 1008

File No. 15136
4354
Registered No. 4354
Ward 2

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

Neal Stewart
4120 - N - Euclid Ward. 7

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12-1934

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

22. I HEREBY CERTIFY, That I attended deceased from 3-22-1934 to 4-12-1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23rd 1874

I last saw him alive on 4-12-1934 Death is said to have occurred on the date stated above, at 5:30 A.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 59 4 20

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

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

Broncho-pneumonia Date of onset

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

13. NAME Neal Stewart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Jamie Wasey

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

17. INFORMANT (ADDRESS) J. J. Baedick
2945 - Lawton

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington U. DATE 4-19, 1934

19. UNDERTAKER (ADDRESS) Walter Richter
2525 Ruffner St.

20. FILED APR 30 1934 1934 J. J. Baedick Registrar.

Other contributory causes of importance:
107A
107A

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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 Henry H. Staupers M. D.
(Signed) Henry H. Staupers
(Address) 2945 - Lawton Bld.

