

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1120 File No. 22739  
 Township Carmichael Primary Registration District No. 62480B Registered No. 214  
 City Jefferson Barracks, No. Veterans Administration Facility St. \_\_\_\_\_ Ward)

**2. FULL NAME** STEWART, Marvin G. St. Louis, Missouri.

(a) Residence, No. 525 Antelope Street, St. \_\_\_\_\_ Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. 0Wnds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 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 SINGLE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1, 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

48 9 21 Unk.

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

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

10. Date deceased last worked at this occupation (month and year) Apr. 5 yrs. ago 11. Total time (years) spent in this occupation Unk.

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

13. NAME Eben. Stewart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edwardsville, Illinois

15. MAIDEN NAME Fannie Petty

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

17. INFORMANT C. H. SMITH, M.D., Clinical Dir (ADDRESS) Vet. Adm. Facility Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE nat Cem. Jeff Brks DATE 6-26-1934

19. UNDERTAKER (ADDRESS) Smith & Boyden St Louis Mo

20. FILED 6-22-1934 W. C. Gibson Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 20, 1934, to June 22, 1934  
 I last saw him alive on June 22, 1934 Death is said to have occurred on the date stated above, at 3:50A.m.  
 The principal cause of death and related causes of importance were as follows:

Hodgkin's Disease

Date of onset Unk.

Other contributory causes of importance:

None

Name of operation Excision of tumor, Date of 2-28-34  
Clinical Manifestation - right axilla  
 What test confirmed diagnosis? Cons. Was there an autopsy? No  
histological exam. of lymph gland.

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.

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

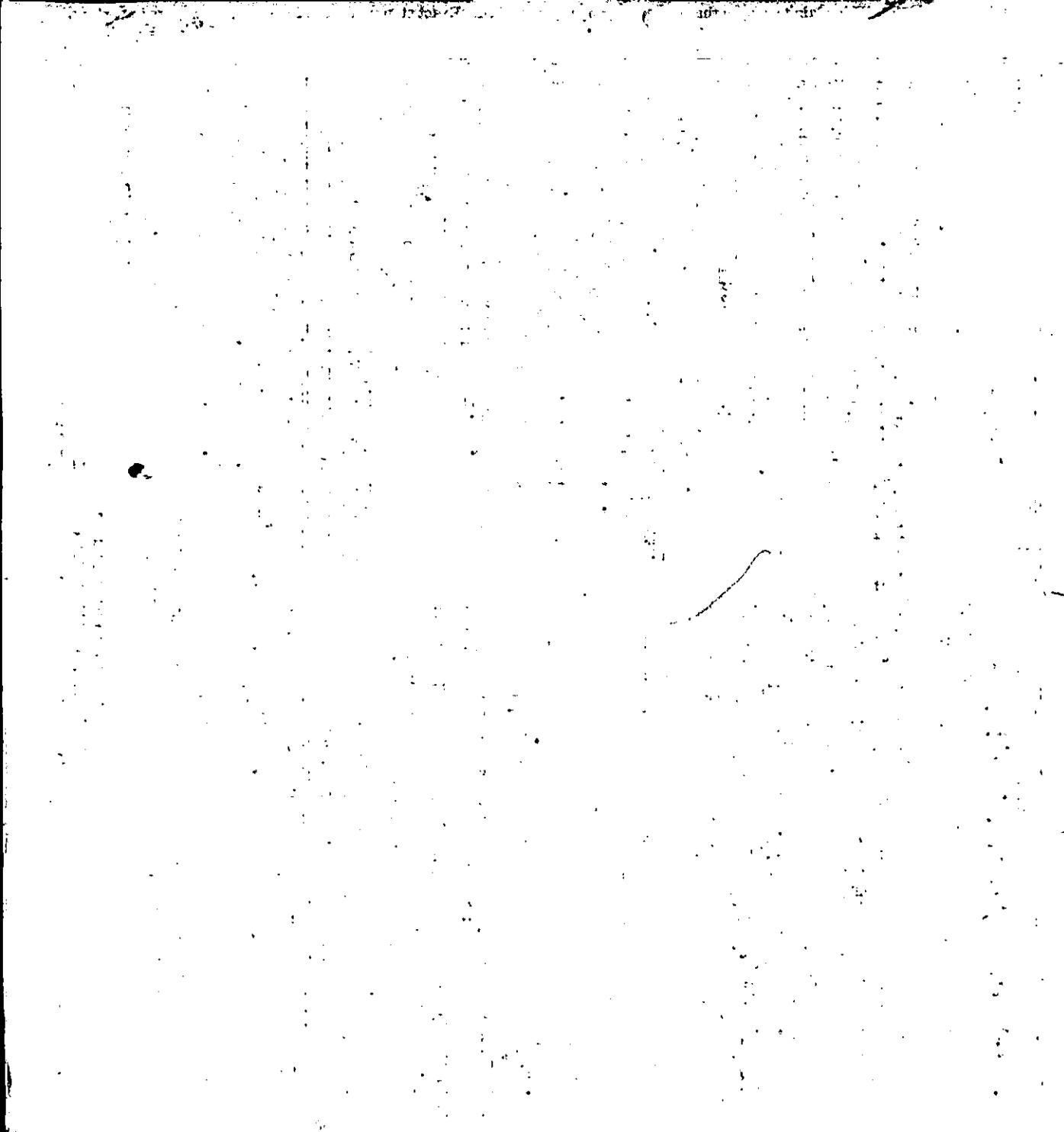
(Signed) W. C. GIBSON, M.D. W. C. Gibson  
Vet. Adm. Facility, Jefferson Barracks, Mo. (Address)

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

OCCUPATION

MOTHER FATHER

*Handwritten notes and signatures:*  
 172 B  
 5113  
 72 W



*Lacius County*

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Stewart, Marcus G.  
Who died at Lets Adms Facility on June 22 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months 4 Days \_\_\_\_\_  
Sex M Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 48 Months 9 Days 21

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_  
Birthplace (State or country) \_\_\_\_\_  
Birthplace of father (State or country) \_\_\_\_\_  
Birthplace of mother (State or country) \_\_\_\_\_  
Principal cause of death: Hodgkins Disease

Other contributory causes of importance Tumor right ovilla  
Name of operation Excision of Tumor Date of Nov Tubercular  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
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 \_\_\_\_\_  
Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
Name of physician \_\_\_\_\_  
Address of physician \_\_\_\_\_  
Signature of Registrar D. H. Yates M.D.

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 1123  
Primary Reg. Dist. No. 6248 B  
Very truly yours,  
E. J. McGaugh M.D.  
S.C.

Special Agent.

S-22739