

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.

SEP 13 1934

791

31034

1. PLACE OF DEATH

County.....

Registration District No. **1003**

Township.....

Primary Registration District No.

City St. Louis, Mo. (No. 1427)

Papin

File No.

Registered No. **8301**

2. FULL NAME

William Stewart

(a) Residence, No. 1427 Papin St. 22 Ward.

(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 <u>male</u>	4. COLOR OR RACE <u>colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Patsy Stewart</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 11 - 1866</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>109</u>	DAYS <u>29</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>
	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) (STATE OR COUNTRY)
Jefferson City Mo

FATHER 13. NAME Morten Stewart

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Brown County Mo

MOTHER 15. MAIDEN NAME Eliza Scott

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Brown County Mo

17. INFORMANT Carrie Love
(ADDRESS) 1427 Papin

18. BURIAL, CREMATION, OR REMOVAL PLACE Father's place DATE Aug 14 1934

19. UNDERTAKER Ethel M. Tyler
(ADDRESS) 2029 Carroll Ave St

20. FILED Aug 14 1934 J. P. Ordeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-10-1934

22. I HEREBY CERTIFY, That I attended deceased from 8-4-1934 to 8-10-1934
I last saw him alive on 8-2-1934 Death is said to have occurred on the date stated above, at 10:30 AM
The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic myocarditis
Cerebral hemorrhage
930
Other contributory causes of importance: ABC

Name of operation..... Date of.....
What test confirmed diagnosis? Heart Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury.....
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) G. A. Galtman M. D.
(Address) 3200 Lucas Ave

