

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

Do not use this space.

OCT 11 1934

34598

PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis* (No. *City Hospital*)

File No.....
Registered No. **9405**
St. Ward)

2. FULL NAME

Charles Locust Stuart
(a) Residence, No. *525 Antelope St.* St. 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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. REMARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF *Maudie Stuart*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 22, 1888*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51. 3. 2.

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

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

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) *Missouri*

13. NAME *Even Stuart*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill.*

15. MAIDEN NAME *Fanny Petty*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

17. INFORMANT *Mrs Maudie Stuart*
(ADDRESS) *525 Antelope St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Frederick* DATE *Sept. 27, 1934*

19. UNDERTAKER (ADDRESS) *Math. Hermann & Son*
215 2nd Ave

20. FILED *J. Brebeck* Registrar. *9/25/34*

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 24, 1934*

22. I HEREBY CERTIFY, that I attended deceased from 19, to 19,

I last saw him alive on 19. Death is said

to have occurred on the date stated above, at *3:30 P.* m.

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

Fractured skull & laceration of brain due to fall to brick side-walk in front yard at residence 525 Antelope St. about 9:30 A.M.
Other contributory causes of importance:
196A
194E Accident

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *Accident*. Date of injury *9/24, 1934*

Where did injury occur? *St. Louis, Mo.*
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *Home*

Manner of injury *Fall*

Nature of injury *Fract. skull*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) *Harold Polun*

(Address) *Dep. Cor.*

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

