DEC 1 3 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 40660

Township ..... Primary Registration District No. 1003 Registered No. 10590

City St Louis (No. 2839 Hampton ave St. ..... Ward)

2. FULL NAME Charles O. Stewart

(a) Residence, No. 2839 Hampton St., 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora Stewart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5, 1886

7. AGE: YEARS 48 | MONTHS 8 | DAYS 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automobile Salesman
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) Bay City Michigan

FATHER

13. NAME Wm. Stewart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York New York

MOTHER

15. MAIDEN NAME Unknown Coburn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

17. INFORMANT (ADDRESS) Mrs Cora Stewart 2839 Hampton ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Missouri Crematory DATE 11-3 1934

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4228 So Kingshighway

20. FILED NOV -3 1934 19 J. G. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1934, to Nov. 1, 1934

I last saw h. — alive on Oct. 30, 1934. Death is said to have occurred on the date stated above, at 6:30 P. m.

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

	Date of onset
131 95B 10B Acute Dilatation of Heart 13	11/1/34
Other contributory causes of importance: Chronic Hypertension + Nephritis	March 17/34

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

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

(Signed) J. P. Hemmerich Jr., M. D.

(Address) 6200 Columbia Ave

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.

Columbia & Sulphur
9-10 7 to 8
6200 - Columbia