MAR 12 1936

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

Do not use this space.

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File No. 1368

Registered No.

1. PLACE OF DEATH

County St. Louis — Registration District No.

Township — Primary Registration District No.

City St. Louis (No. Missouri Pacific Hosp., St. Ward)

2. FULL NAME Arthur Osborne Stewart

(a) Residence, No. Box 172 Ward. Pomona, Kansas
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. N.R. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6/29/1868

7. AGE: Years 67 Months 7 Days 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Kansas

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: Della Stewart
(ADDRESS) Pomona Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Garnett Kansas DATE 2/4/36 19

19. UNDERTAKER: Robert J. Ambruster
(ADDRESS) 6633 Clayton Road

20. FILED FEB 5 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1936, to Feb. 4, 1936

I last saw ~~him~~ alive on Feb. 4, 1936. Death is said to have occurred on the date stated above, at 2:40 A.m.

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

	Date of onset
Acute Cardiac Decompensation	few days
Chronic Myocarditis	several years
Bilateral Femoral Thrombosis	3 days

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Clinical 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? No.
If so, specify

(Signed) B. H. Charles, M. D.
(Address) Missouri Pacific Hospital

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