

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

Do not use this space.

18037

1. PLACE OF DEATH

County St. Louis Registration District No. 1123 File No. _____
 Township _____ Primary Registration District No. 6248B Registered No. 151
 City Jefferson Barracks (No. Veterans, Administration Facility) St. _____ Ward _____

2. FULL NAME

Jay L. STEWART
 (a) Residence, No. Clarksville St. _____ Ward. Missouri
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred Un yrs. kn mos. OWNS. 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 Mrs. Vance Stewart				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 1, 1888				
7. AGE YEARS 48	MONTHS 2	DAYS 17	IF LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming			
	10. Date deceased last worked at this occupation (month and year) Unavailable		11. Total time (years) spent in this occupation Unav.	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Curryville, Missouri				
FATHER	13. NAME Robert Stewart			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable			
MOTHER	15. MAIDEN NAME Lilly (Unavailable)			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable			
17. INFORMANT M. Schilly, Clinical Clerk (ADDRESS) Vet Adm Facility, Jeff. Brks., Mo.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksville, Mo. DATE 4-18-1936				
19. UNDERTAKER C. Hoffmeister, Nat. Co. (ADDRESS) 10 7814 Broadway				
20. FILED April 18, 1936 L. Mowry Registrar. AL				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1936, to April 18, 1936
 I last saw him alive on April 18, 1936. Death is said to have occurred on the date stated above, at 3:26 p. m.
 The principal cause of death and related causes of importance were as follows:
 Diphtheria
 Other contributory causes of importance:
 Bronchopneumonia, lower lobes, bilateral
 Name of operation None Date of _____
 Clinical manifestations, laboratory and autopsy findings
 What confirmed diagnosis? _____ Was there an autopsy? Yes
23. If death was due to external causes (violence), fill in also the following:
 a. 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.
 Name of injury _____
 Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) C. W. Hughes, M. D.
 (Address) Vet. Adm. Facility, Jeff. Brks., Mo.

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.

WHITE PENCIL, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 27 1936

