

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

Do not use this space.

JUL 14 1936

24192

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **4223rd Blaine**)

File No.
Registered No. **5784**
St. Ward)

2. FULL NAME

James E. Stuart
(a) Residence, **4223rd Blaine St., 18** Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Divorced**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Nancy**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **3-5-1894**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	42	2	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Saper**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Milano Bakery**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis, Missouri**
(STATE OR COUNTRY)

FATHER
13. NAME **Issac Stuart**

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

MOTHER
15. MAIDEN NAME **Frances Foster**

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

17. INFORMANT **Glad Warner**
(ADDRESS) **4223rd Blaine**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Memorial Pl.** DATE **June 3, 1936**

19. UNDERTAKER **Edith C. Ambuster**
(ADDRESS) **4234 Manchester**

20. FILED **JUN 2 1936** **J. Brebeck**
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 1, 1936**

22. I HEREBY CERTIFY that I attended deceased from **May 30**, 19**36**, to **June 1**, 19**36**.
I last saw him alive on **June 1**, 19**36**. Death is said to have occurred on the date stated above, at **6:30** a.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia May 30-36

Other contributory causes of importance:

108

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 **Autome Hall**
(Signed) **Autome Hall**, M. D.

(Address) **1625 Town Square**

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.

