AUG - 5 1937

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. 25330

Township ..... Primary Registration District No. 1003 Registered No. 6504

City St. Louis (No. 5727 Cabanne Ave. St. ..... Ward)

2. FULL NAME Elizabeth S. Stewart

(a) Residence, No. 5727 Cabanne Ave. St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alphonson C. Stewart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30, 1845

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
91	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
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) Paris, Tenn.

FATHER

13. NAME Samuel Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER

15. MAIDEN NAME Margaret E. Carr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Dr. S. S. Stewart 5727 Cabanne Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE July 7, 1937

19. UNDERTAKER (ADDRESS) Alexander & Sons 6175 Delmar Blvd.

20. FILED JUL 6 1937 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1937, to July 5, 1937
I last saw her alive on July 1, 1937. Death is said to have occurred on the date stated above, at 12 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	4 days
Auricular Fibrillation	
Chronic Myocarditis	

Other contributory causes of importance:

Arteriosclerosis	
Chronic Interstitial Nephritis	

Name of operation none, Date of .....
What test confirmed diagnosis? Clinical 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) R. C. Harris, M. D.
(Address) University Clinic Bldg St Louis 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.

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10,30 Am.