

OCT 14 1937

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

Do not use this space.

32462

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **Central Hospital**) St. **8516** Ward

2. FULL NAME

William Frazer Stewart

(a) Residence, No. **10652 Thorpe Ave.** St. **NR** Ward. **Overland Mo.**
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. **10** 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 **Marion C. Stewart**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 1, 1897**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 8 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Sta. Engineer**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Wm H. Markham Co.**
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) **St. Louis Mo.**

MOTHER FATHER 13. NAME **Wm. F. Stewart**

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

MOTHER 15. MAIDEN NAME **Daisy B. Lamb**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Detroit Mich.**

17. INFORMANT **Marion C. Stewart**
(ADDRESS) **10652 Thorpe Ave., Overland Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Lake Charles** DATE **Sept 11/37**

19. UNDERTAKER **Edith E. Combator**
(ADDRESS) **403 S. Winchester Ave.**

20. FILED **SEP 10 1937**
J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 9 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 30, 1937** to **Sept 9, 1937**

I last saw him alive on **Sept 9th, 1937** Death is said to have occurred on the date stated above, at **8:24 a.m.**

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

Perforated Duodenum
ulcer Date of onset **8-30/37**

Other contributory causes of importance:

Name of operation **closure of perforating ulcer**
What test confirmed diagnosis? **Roentgen** 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) **John D. Hayward** M.D.
(Address) **Metropolitan Bldg**

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.

208-22737

