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.

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

Do not use this space.

NOV 18 1937

File No. 38014

Registered No. 37

1. PLACE OF DEATH

County: Knox — Registration District No. 441

Township: ~~Lyon~~ — Primary Registration District No. 4259

City: Edina (No. ..... St. ..... Ward)

2. FULL NAME: Charles D. Stewart

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

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~~: Mary Hazlett Stewart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 4 - 1858

7. AGE: 79 years; MONTHS: ; DAYS: 18; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Henry Co. / Kentucky

FATHER

13. NAME: Wm Stewart

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

MOTHER

15. MAIDEN NAME: Mary Johnston

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

17. INFORMANT (ADDRESS): W. E. Stewart, Edina Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Linwill Cem. DATE: Oct 24 1937

19. UNDERTAKER (ADDRESS): Byron Easley Fry, By Paul Fredefamay

20. FILED: 10-24 1937 Mr C M Smith, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-22 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-16 1936, to 10-22 1937

I last saw ~~him~~ alive on 10-22 1937. Death is said to have occurred on the date stated above, at 11:00 A.m.

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

	Date of onset
Cardiac embolism	10-22-37

Other contributory causes of importance:

arteriosclerosis (clinical)	1931
chronic cystitis (Prostate)	1936

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) Frederick L. Schmitt M.D.

(Address) Edina, Mo.