

REC'D APR 11 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH9146  
Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis Mo.** (d) Street No. **Barnes Hospital** Registered No. **2735**  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Lloyd C. Stewart 263**

(a) Residence, No. **4236 Holly Ave. Ave** St. **10** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **6-29-1898**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**39 8 24**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Office mang.**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Am. Rolling mills**  
 10. Date deceased last worked at this occupation (month and year) **Sept. 15 1937** 11. Total time (years) spent in this occupation **8**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Shelbyville Mo.**

FATHER 13. NAME **Richard R. Stewart**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Sante Fe Mo.**

MOTHER 15. MAIDEN NAME **Laura Carlile**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Shelbyville Mo.**

17. INFORMANT (ADDRESS) **Richard R. Stewart 4236 Holly Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Shelbyville Mo.** DATE **6-23-38**

19. FUNERAL DIRECTOR (ADDRESS) **Ally auder & Sons 6175 Delmar Blvd.**

20. FILED **MAR 22 1938** **J.P. Bredek** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 20 1938**

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at **4:45 p.m.**

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

**Bronchopneumonia, arteriosclerotic nephritis, cardiac hypertrophy.**

Natural causes

Other contributory causes of importance:

Name of operation ..... Date of ..... **131**

What test confirmed diagnosis? ..... Was there an autopsy? **Yes**

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) **Joseph M. Linn** M.D.

(Address) **Deputy Coroner**

STATEMENT BY LICENSED EMBALMER.

I, Jose E McCulloch, Licensed Embalmer No. 2460  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by: Self

..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Jose E. McCulloch  
Licensed Embalmer No. 2460

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**