REC'D JUL 12 1938

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

20663
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City HOMER C PHILLIPS HOSPT.
(d) Street No. ~~2400 N WHITTIER~~ St.
(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.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 5802

2. PRINT FULL NAME WELL'S STEWART 363
(a) Residence, No. 2955 GAMBLE ST St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE C
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ROXIE STEWART
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk 1885
7. AGE abt. YEARS 53 MONTHS ✓ DAYS ✓ If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. MINISTER
9. Industry or business in which work was done, as saw mill, bank, etc. BAPTIST
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) MENPHIS TENN 1 9

FATHER
13. NAME UNKNOWN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN 9

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) WILLIAM HOLT 2734 GAMBLE ST
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 6-28 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) AF BUDDIE WALTON 2707 STODDARD ST
20. FILED JUN 28 1938 19 J. F. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH
No Attending Physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-22 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 11 A m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Ulcerative Endocarditis; Contrib: Chronic Adhesive Pericarditis; Chronic Pyelonephritis.
With Lithiasis

Other contributory causes of importance:

R2a

Name of operation ..... Date of .....
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? no
If so, specify .....
(Signed) Joseph M. Quinn, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ..., or by Raymond G. Arke, ~~Registered Apprentice~~ License No. 3985, working under my personal supervision.

Signed Rex E. Campbell

Licensed Embalmer No. 3881

P. O. Address St. Louis, Mo

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.)

If this body is not embalmed, above space should be left blank.