REC'D MAY 10 1939

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

791

13511
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 3853
(c) or City St. Louis (d) Street No. Peoples Hospital 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.

2. PRINT FULL NAME 363 Ella Stewart
(a) Residence, No. 1112 A. S. Compton Ave. St. 18
(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: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27, 1870

7. AGE: YEARS 68 | MONTHS 5 | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as 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) St. Louis Missouri 0

FATHER
13. NAME Robert Hunter 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 7

MOTHER
15. MAIDEN NAME Sarah (?)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Ruth Como 1112 a S. Compton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fr. Dickson Cem DATE 4/27/'39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Russell Undt. Co. 2732 Pine Street

20. FILED APR 25 1939 J. F. Bulach Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr. 16, 1939, to Apr 22, 1939
I last saw her alive on 4-22, 1939. Death is said to have occurred on the date stated above, at 1:30 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis (Ruptured)	

Other contributory causes of importance:
Diabetes
Hypertension
Nephritis

Name of operation Appendectomy Date of 4/18/39
What test confirmed diagnosis? Operation 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? No
If so, specify
(Signed) William H. Sinkler, M.D.
(Address) 901 N. Vandeventer,

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

50M-9-19-38 1 X16605

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~~ William C. McDowell, Registered Apprentice No. ....., working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 8114

P. O. Address .....

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.