

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.

Registration District No. 1329784

Primary Registration District No. 111

Registrar's No. 2041

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marus Hospital 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

8. (a) PRINT FULL NAME Olivia Stewart 313

8. (b) If veteran, name war _____

8. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Stewart

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 2 18 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>47</u>	<u>9</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name John Jackson

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Susan E. Neville

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature William Stewart

(b) Address Bourbon Mo.

17. (a) _____ (b) Date thereof 11-21-39
(Dissal, correction, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hannibal Mo.

18. (a) Signature of funeral director G. E. Long

(b) Address Bourbon Mo.

19. (a) NOV 21 1939 (Date received local registrar)

(b) R. R. Neely (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town Bourbon Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
year 1939 hour 7:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from 11-13 to 11-20, 1939.

that I last saw her alive on 11-20, 1939:
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

Due to _____

Due to _____

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Vincent Hornsby (M. D. or other)

Address 3101 Sutton Date signed 11.23.39

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John Jetter

Licensed Embalmer No. 3880

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.