

MAY 15 1940

791

1003

State File No.

Registrar's No.

3297

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3523 Sidney St. 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME Charles L. Stuart 363

8. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Roseline Stuart 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Sept 5, 1856  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>7</u>	<u>3</u>	hr. _____ min.

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

10. Usual occupation Police Seargent Retired

11. Industry or business \_\_\_\_\_

12. Name Rubin Stuart

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

14. Maiden name Don't Know

15. Birthplace Don't Know  
 (City, town, or county) (State or foreign country)

16. (a) Informant Charles J. Stuart

(b) Address 3523 Sidney St.

17. (a) Burial (b) Date thereof 4/10/40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wick Bros Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) APR 10 1940 (b) J. Brudick  
 (Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 17  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3523 Sidney St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8  
 year 1940 hour 7 minutes 30 A. M.

21. I hereby certify that I attended the deceased from Mar 15 - 1940  
 \_\_\_\_\_, 19 \_\_\_\_\_, to April 8, 19 40  
 that I last saw him alive on April 6, 19 40  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 10 min

Due to Cardio Vascular 4 years  
Renal Syndrome

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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) Manner of injury \_\_\_\_\_

28. Signature H. Carter Hoff (M. D. or other)

Address 2739 No Grand Date signed 4-9-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2739 n Stewart

**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 Nancy A Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duquesne

**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.**