

FILED MAY 15 1940 91

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
De Paul Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Week.
(Specify whether
In this community 50 Years.
years, months or days)

3. (a) PRINT FULL NAME Andrew P. Stewart. 363

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

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

7. Birth date of deceased March 10, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 1 4 hr. min.

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

10. Usual occupation Retired. Rep. Freight & Passenger

11. Industry or business Chicago & Alton R.R. 4

MOTHER FATHER { 12. Name Guy Stewart. 5

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

14. Maiden name Catherine Smith.

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

16. (a) Informant Mrs. John A. Casey
(b) Address 5929 Waterman Ave

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

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) APR 16 1940 (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis, 5
(If outside city or town limits, write "RURAL")
(d) Street No. 5929 Waterman Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th.
year 1940 hour 10. minute 15 P.M.

21. I hereby certify that I attended the deceased from Apr 1 1940 to April 14 1940
that I last saw him alive on Apr 14 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia Duration 10 days

Due to acute Bronchitis

Due to _____
Other conditions Tuberculosis 30 yrs
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations u
Of autopsy u
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?

(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Mrs. J. Langford (M. D. or other) _____
Address 5803 Elymwood Ave Date signed Apr 15/40

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

800 200

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 W A Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.