

Re JUN 1 1934

7911

Primary Registration District No. **1003**

Registrar's No. **4713**

1. PLACE OF DEATH:  
(a) County St. Louis.  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution: City Infirmery Hospital  
(If not in hospital or institution, write street number and locality) March 29, 1934  
(d) Length of stay: In hospital or institution 49yrs. (Specify whether years, months or days)

In this community 49yrs.  
3. (a) PRINT FULL NAME Mary Stewart **363**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Unmarried  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased X X 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 X X \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Terre Haute, Ind. (City, town, or county) (State or foreign country)  
10. Usual occupation Washerwoman.

11. Industry or business X  
MOTHER FATHER { 12. Name John H. Stewart  
13. Birthplace Terre Haute, Ind. (City, town, or county) (State or foreign country)  
14. Maiden name Harriet  
15. Birthplace Terre Haute, Ind. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature D. Molony  
(b) Address 5800 Arsenal St.

17. (a) Greenwood (b) Date thereof May 29, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director W.M.C. McDowell  
(b) Address 3506 Franklin Ave

19. (a) MAY 29 1940 (Date received local registrar) J. J. [Signature] (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis.  
(c) City or town St. Louis. (If outside city or town limits, write "RURAL") **13**  
(d) Street No. 5800 Arsenal St. (If rural, give location)  
(e) If foreign born, how long in U. S. A.? American years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May 23, day 11:25 hour 11:25 minute March a. M.  
21. I hereby certify that I attended the deceased from March 22, 1934, to May 23, 1940; that I last saw her alive on May 23, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Infective Myocarditis  
non infarctular  
Due to arteriosclerosis.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **97**

Major findings: Of operations None  
Of autopsy as above.

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 1  
23. Signature James J. [Signature] (M. D. or other) \_\_\_\_\_  
Address 5800 Arsenal St. Date signed 5-28-40

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

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

Signed

*Wm C McConnell*

Licensed Embalmer No. 2114

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.**