S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 19645

Registration District No. 784 Primary Registration District No. 202 Registrar's No. 943

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town RURAL - ST. FERDINAND (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Meredith Home - Bellefontaine Rd (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) 1

In this community .....

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County .....

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 3523 Sidney St. (If rural, give location) 0

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

3. (a) PRINT FULL NAME Rosalene Stuart 363

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles L. Stuart

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

7. Birth date of deceased Sept 5, 1854 (Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Jefferson County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation at home 0

11. Industry or business .....

FATHER
12. Name Jessie Johnstone 0
13. Birthplace Jefferson County Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lorraine Williams
15. Birthplace Jefferson County Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Robert Stuart

(b) Address 3523 Sidney St. St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/40 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

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

(b) Address 2201 S. Grand Bl. St. Louis

19. (a) MAY 15 1940 (Date received local registrar) (b) R. R. Meyer M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 14 year 1940 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from May 9, 1940, to May 14, 1940 that I last saw her alive on May 14, 1940 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Acute Dilation Heart | 1 hr |
| Due to: Myocarditis | |
| Fracture left femur | 5 days |
| Due to: | |
| Other conditions: Arteriosclerosis (Include pregnancy within 3 months of death) Senility | |

Major findings:
Of operations .....
Of autopsy .....

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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) accident

(b) Date of occurrence May 9 - 1940

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? St Louis Mo (Specify type of place)

While at work? (e) Means of injury Fall

23. Signature H. R. Echterhoff (M. D. or other)

Address 2739 N Grand Date signed 5/15/40

(Licensed Embalmer's Statement on Reverse Side)

ECHTERHOFF

## 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 .....

Licensed Embalmer No. 3722

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.**