

No. 2
11-10-39
5-17-39
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8694

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2104

I. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1410th Cass Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two years (Specify whether years, months or days)

8. (a) PRINT FULL NAME James Steward
3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color Col 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased Jan 1 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 0
If less than one day hr. _____ min. _____

9. Birthplace 1 Miss
(City, town, or county) (State or foreign country)
10. Usual occupation Farm Work

11. Industry or business _____
12. Name Wm Steward
13. Birthplace Miss
(City, town, or county) (State or foreign country)
14. Maiden name Bethie Jordan
15. Birthplace 1 Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Steward
(b) Address 1410th Cass Ave
17. (a) Buried (b) Date thereof 3-8-41
(Burial, cremation, or removal) (City or town) (County) (State)
(c) Place: burial or cremation Wash. Nat. Park
18. (a) Signature of funeral director H. A. Green
(b) Address 2915 Franklin Ave
19. (a) MAR 6 1941 (b) J. W. Bredebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL")
(c) Street No. 1410th Cass Ave
(If rural, give location)
(d) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1
year 1941 hour 6 minute 30 PM
21. I hereby certify that I attended the deceased from 1-3-1941 to 3-1-41, 1941
that I last saw him alive on 2-28-41, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Paralytic Stroke
Due to Hypertension
Cardio Renal Disease
Other conditions (Include pregnancy within 5 months of death) _____
Major findings: 151
Of operations _____
Of autopsy _____

Duration
JAN 1940
SEPT 1940
R

JULY 1940

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 _____
28. Signature J. C. Shepard (M. D. or other) _____
Address 2702a Franklin Date signed 3-7-41

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

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

J. A. Brown

Licensed Embalmer No. 7963

P. O. Address 2915 Franklin

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.