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No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30290

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7629

1. PLACE OF DEATH
(a) County _____
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days (Specify whether
In this community 4-years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4300 Lindell Blvd. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lena Stewart
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife Edwin Stewart 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 25th., 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Strickling
13. Birthplace Va. (City, town, or county) (State or foreign country)
14. Maiden name Sarah Kincaid (City, town, or county) (State or foreign country)
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ann Rucker
(b) Address 4300 Lindell Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-23-1941 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews

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

19. (a) SEP 22 1941 (Date received local registrar) (b) J. P. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 21, year 1941 hour 7:20 minute _____ A. M.
21. I hereby certify that I attended the deceased from September 14, 19 41, September 21, 19 41 that I last saw him alive on September 21, 19 41 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Cerebrovascular thrombosis
Left hemiplegia 8 days
Due to Left hemiplegia
Possible heart disease with
Due to hypertension & enlargement of the heart. 6 yrs
Other conditions Arteriosclerosis generalised
Renal cystitis 4 days
PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy Same as above
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 P. V. Mullen (M. D. or _____)
Address 1515 Lafayette Avenue. Date signed 9/22/41

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

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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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Kendall

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, fact should be so stated above.