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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH 1905

State File No. 33463
8419
Registrar's No.

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution DePaul Hospital
(d) Length of stay: In hospital or institution 1-day
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis
(d) Street No. 605 Clara Ave.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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

4. Sex F. / 5. Color or race W. / 6. (a) Single, widowed, married, divorced M. /
6. (b) Name of husband or wife John N. Stewart 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased unk. unk. 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months unk. Days unk. If less than one day hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER
12. Name Edward McCabe
13. Birthplace N.Y. 1
14. Maiden name Catherine O'Brien
15. Birthplace N.Y. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John N. Stewart
(b) Address 605 Clara Ave.

17. (a) Burial (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Calvary 10-25-41

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

19. (a) OCT 24 1941 (b) J. F. Breakey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22nd., year 1941 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 19 to 19 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary thrombosis
Cracking of Pelvis when she was struck by an automobile driven by Carl John Premore in front of about 3013
Dyergans (Street about 730
October pm Oct 21 1941

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations 710 210
Of autopsy 21
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 Oct 21-41
(c) Where did injury occur St. Louis Mo. 000
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 6 Rubber Plant

(Specify type of place) While at work; (e) Means of injury Auto

23. Signature Thomas J. Callahan (M. D. or other)
Address Deputy Coroner Date signed

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 William 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, fact should be so stated above.