

No. 2
11-10-39
1-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38582

State File No. _____

DEC 15 1941 #70
Registration District No. _____

Primary Registration District No. 3022

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town DeSoto, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
501 East St. Louis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether)

In this community 75 Years
years, months or days

8. (a) PRINT FULL NAME ISAM WILLIAM STEWARD

8. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced / Married

6. (b) Name of husband or wife Minnie Carter

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Dec. 31, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80	10	12	_____ hr. _____ min.
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9. Birthplace ? / Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Ret. Laborer

11. Industry or business Mo. Pac. Shops

MOTHER FATHER

12. Name ?

13. Birthplace "
(City, town, or county) (State or foreign country)

14. Maiden name Synthia DeBoise

15. Birthplace ?
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Steward

(b) Address DeSoto Mo.

17. (a) Burial (b) Date thereof Nov. 16, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeSoto (Carter Cemetery)

18. (a) Signature of funeral director Lee Mothershead

(b) Address DeSoto, Mo.

19. (a) 11-17-41 (b) Stan Spencer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town DeSoto
(If outside city or town limits, write "RURAL")

(d) Street No. 501 E. St. Louis
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
year 1941 hour 1 minute 50 P.M.

21. I hereby certify that I attended the deceased from 11/11/41, 1941, to 11/13, 1941;
that I last saw him alive on 11/7/41, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage.

Duration 1 hour

Due to arterio-sclerosis (brain) 4 years
arterio-sclerosis heart blood vessel 4 years

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 938

Of operations _____

Of autopsy _____

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) no

(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 Marv V. McPhistery (M. D. or other) M.D.

Address DeSoto, Mo. Date signed 11-15-41

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

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501

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 *W. E. Wothershead*
Licensed Embalmer No. *3531*
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.