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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1942 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16706

Registration District No. ..... Primary Registration District No. 1004 Registrar's No. 4917

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

1. PLACE OF DEATH:

(a) County .....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3744 St. Louis Ave. /
(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)
In this community .....

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17
(c) City or town St. Louis 911
(If outside city or town limits, write "RURAL")
(d) Street No. 3744 St. Louis Ave.
(If rural, give location)
(e) Citizen of foreign country? D (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Nina Mae Stewart

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White /

6. (a) Single, widowed, married, divorced Widow 2

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

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

7. Birth date of deceased Jan. (Month) 2 (Day) 1868 (Year)

8. AGE: Years 74 Months 5 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Champaign (City, town, or county) Illinois / (State or foreign country)

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name Henry Dawley
13. Birthplace ..... (City, town, or county) Illinois / (State or foreign country)

MOTHER
14. Maiden name Georgiana Wood
15. Birthplace ..... (City, town, or county) Illinois / (State or foreign country)

16. (a) Informant James L. Stewart
(b) Address 3744 St. Louis Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 8 6-42 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) JUN 5 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1942 hour 1 minute 15 a M.

21. I hereby certify that I attended the deceased from June, 1941, to June 3, 1942
that I last saw h. alive on June 3, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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) .....
(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 .....

23. Signature Andrew H. Kleiny M.D. (M. D. or other)
Address 4632 So. Grand Date signed 6/4/42

(Licensed Embalmer's Statement on Reverse Side)

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.....3575

P. O. Address.....

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.