. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16707

State File No.

FILED JUN 2 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4582

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: City Hosp # 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 2 Weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 17

(c) City or town 3811 Maffit Ave 911
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Pierce L Stewart

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Josephine

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Mar 31st. 1875
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	1	23	hr. min

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

10. Usual occupation Machinist

11. Industry or business Unemployed

FATHER
12. Name John Stewart
13. Birthplace (City, town, or county) 4 Ireland (State or foreign country)

MOTHER
14. Maiden name Anna Grace
15. Birthplace (City, town, or county) 4 Ireland (State or foreign country)

16. (a) Informant Mrs Harry Ratican
(b) Address 3811 Maffit Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of funeral director Harrigan & Sheahan Und Co
(b) Address 4415 Washington Blvd

19. (a) MAY 26 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th.
year 1942 hour 8:30 PM minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Right Humerus, Arteriosclerosis suffered when he slipped and fell to the floor in his home on May 7 1942

Due to exact time unknown

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 000

(b) Date of occurrence May 7 1942

(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? Home 0
(Specify type of place)

While at work? no (e) Means of injury fall

23. Signature Alfred L Perry (M. D. or other)

Address Superior Dr Date signed 5/26/42

(Licensed Embalmer's Statement on Reverse Side)

Cremation

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 Homer H. Fritz

Licensed Embalmer No. 3882

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.