

FILED NOV 23 1942

318

1003

9547

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3409a McKean /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community..... **Unknown**
years, months or days)

3. (a) PRINT FULL NAME **Clara Belle Stewart**

3. (b) If veteran, name war.....
3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White** 6. (a) Single, widowed, married, divorced, widowed **2 divorced Widowed**
6. (b) Name of husband or wife **James Stewart** 6. (c) Age of husband or wife if alive **--** years
7. Birth date of deceased **April 30 1865**
(Month) (Day) (Year)

8. AGE: Years **77** Months **6** Days **14** If less than one day hr. min.

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

10. Usual occupation **Home**

11. Industry or business **--**

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Anna Lee Van Nest**

(b) Address **3637 Wilmington**

17. (a) **Burial** (b) Date thereof **11 17 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Maeder - Aldrich & Co.**

(b) Address **3634 Gravois Avenue**

19. (a) **NOV 16 1942** (b) **J. F. Bredeck**
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis,** 169
(If outside city or town limits, write "RURAL")
(d) Street No. **3409a McKean**
(If rural, give location)
(e) Citizen of foreign country? **--** (Yes or No)
If yes, name country..... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** Day **14**
year **1942** hour **9** minute **11** A.

21. I hereby certify that I attended the deceased from **11-14-42**
at 1 am 19..... to..... 19.....
that I last saw **her** alive on **11-14-42** 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage 10 hrs**
Duration

Due to.....
Due to.....

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

Major findings: **Senility**
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 **J. F. Bredeck** (M. D. or other)
Address **406 S. 80th** Date signed **11/14/42**

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.....

Robert Wheeler

Licensed Embalmer No.....

2128

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, fact should be so stated above.