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S. No. 2  
24-243  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23541**

FILED **JUL 31 1943** **318**

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **6632**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location).  
(d) Length of stay: In hospital or institution. 28 Days  
(Specify whether  
In this community 20 Years  
years, months or days)

3. (a) PRINT FULL NAME Thomas Franklin Stewart

3. (b) If veteran, name war None 3. (c) Social Security No. 499-01-2335

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Etta Stewart 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased 8 27 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 10 24 hr. min.

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

10. Usual occupation Tuck Pointer

11. Industry or business Unemployed 12 Years

12. Name Marion Stewart

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

14. Maiden name Mary Welch

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

16. (a) Informant Walter Stewart

(b) Address 1224 Russell

17. (a) Burial (b) Date thereof 7 / 23 / 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette

19. (a) JUL 22 1943 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1917 LaSalle  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21,  
year 1943 hour 1:10 minute A. M.

21. I hereby certify that I attended the deceased from June 24, 1943 to July 21, 1943  
that I last saw him alive on July 21, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage and respiratory failure Duration 10 hrs.

Due to Cerebral hemorrhage 1. min.

Due to Hypertensive Cardiovascular disease 10 yrs. +

Other conditions (Includes pregnancy within 3 months of death)

Major findings: Of operations Refused

Of autopsy Refused

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) (c) Means of injury.....

23. Signature Robert E. Holt (Date or other) 7/21/43

Address 1515 Lafayette Avenue Date signed.....

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

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address. 2317 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.**