

FILED SEP 10 1943

Registration District No.

Primary Registration District No. 3058

Registrar's No. 140

1. PLACE OF DEATH:

(a) County St Charles
(b) City or town St Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
725 N Second Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether

In this community 1 yr years, months or days) (Specify whether

3. (a) PRINT FULL NAME CECIL STEWART

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, 2 divorced WIDOWED

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

7. Birth date of deceased Feb 14 1861 (Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 22 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name James F Stewart

13. Birthplace St Charles W Mo (City, town, or county) (State or foreign country)

14. Maiden name Genevieve B. Harrell

15. Birthplace St Charles W Mo (City, town, or county) (State or foreign country)

16. (a) Informant Hester Smalley (b) Address St Charles Mo

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

(c) Place: burial or cremation Old Linden Cemetery

18. (a) Signature of funeral director Hester Smalley (b) Address Wentzville Mo

19. (a) Aug 6 - 1943 (Date received local registrar) (b) Conrad E. Paulk (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles
(c) City or town St Charles (If outside city or town limits, write "RURAL")
(d) Street No. 725 N Second St (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5th year 1943 hour 11 AM minute..... P.M.

21. I hereby certify that I attended the deceased from Aug 4 1943, to Aug 5th 1943

that I last saw him alive on Aug 5th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis & atherosclerosis Duration

Due to Essential hypertension 10 yrs

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

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 Conrad E. Paulk (M. D. or other) MD
Address St Charles Mo Date signed 8-7-43

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

MOTHER FATHER

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 *Marion J. [Signature]*

Licensed Embalmer No. *2465*

P. O. Address *Wentzville, 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.