

No. 2
5-43
17-39
X36672

FILED FEB 27 1944 18

1003

Registration District No. _____ Primary Registration District No. _____

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:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME ROBERT BURNS STEWART

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary Gertrude Stewart 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 21 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired stock man

11. Industry or business Live Stock Business

12. Name Byron C. Stewart

13. Birthplace Nelly Springs Miss
(City, town, or county) (State or foreign country)

14. Maiden name Emma Campbell

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

16. (a) Informant Wm L. H. Trebbe

(b) Address East St Louis Ill

17. (a) removal (b) Date thereof 1-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St Louis Ill

18. (a) Signature of funeral director John J. Keady

(b) Address East St Louis Ill

19. (a) JAN 19 1944 (b) J. F. Biedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair
(c) City or town East St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 922 North Ave NR
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 10
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from DEC. 31, 1943, to JAN. 10, 1944;
that I last saw him alive on JAN. 10, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, - 3 days
Broncho

Due to _____
Due to 107

Other conditions Smalig arterialclerosis
(Include pregnancy within 3 months of death)

Major findings: Supraventricular arrhythmia,
Of operations right leg for gangrene
Of autopsy Smalig arterialclerosis,
Pneumonia Broncho

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 M. C. Abney (M. D. initials)
Address BARNES HOSPITAL Date signed 1/11/44

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

Not Embalmed
working under my personal supervision.

Registered Apprentice No.

Signed

John J. Kessler

Licensed Embalmer No.

6885

P. O. Address

Illinois

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.