

FILED JAN 31 1944

State File No. \_\_\_\_\_

Registration District No. 377

Primary Registration District No. 3069

Registrar's No. 190

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Richmond Heights  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Marys Hosp.  
 (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 Infant Stewart

3. (b) If veteran, name NO 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race Whitem 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 22, 1944  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
 0 0 0 3 hr. \_\_\_\_\_ min.

9. Birthplace Richmond Heights NO. 0  
 (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Unknown

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

14. Maiden name Betty Ann Stewart

15. Birthplace St. Louis MO. 0  
 (City, town, or county) (State or foreign country)

16. (a) Informant Hugh Henry Stewart

(b) Address 7221 Arsenal St.

17. (a) Burial (b) Date thereof Jan. 24, 1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem. Kirkwood, 10

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave Maplewood, Mo.

19. (a) \_\_\_\_\_ (b) E. J. McRaven  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis 000  
 (c) City or town Richmond Heights 7221 Arsenal St. 17  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. St. Marys Hospital 1  
 (If rural, give location)  
 (e) Citizen of foreign country? NO. (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22  
 year 1944 hour 9 minute 12 A. M.

21. I hereby certify that I attended the deceased from Jan 22, 1944, to Jan 22, 1944  
 that I last saw him alive on Jan 22, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Premature Infant  
6 1/2 MONTHS

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 159

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) \_\_\_\_\_

(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 Vincent F. Townsend (M. D. or other) MD

Address 3101 1/2 Sullen Ave Maplewood Date signed 1-24-44

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

2  
43  
-39  
135697

**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 3454

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

David C. Gibson

Licensed Embalmer No.

3454

P. O. Address

7456 Marchwood

**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.

mp