S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 5786

Registrar's No. 2106

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: De Paul Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 92

(a) State Missouri (b) County St. Charles

(c) City or town Harvester 0
(If outside city or town limits, write "RURAL") 0 N.R.

(d) Street No. none
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME JOHN ABNER STEWART

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex male

5. Color or race white 0

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Addie Stewart

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

7. Birth date of deceased October (Month) 2 (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	5	0	hr. min.

9. Birthplace Howell (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation retired

11. Industry or business Farmer

FATHER
12. Name Joseph Stewart
13. Birthplace Howell (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Elizabeth Blize
15. Birthplace unknown (City, town, or county) unknown (State or foreign country) 9

16. (a) Informant Mrs. Ivy Pinson

(b) Address 7326 Grand Drive, St. Louis Co.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-5-44 (Month) (Day) (Year)

(c) Place: burial or cremation Thomas Howell Cemetery

18. (a) Signature of funeral director Morris Muschany

(b) Address Wentzville, Missouri.

19. (a) MAR 3 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd year 1944 hour 8:50 minute A. M.

21. I hereby certify that I attended the deceased from March 1, 1944, to March 2, 1944 that I last saw him alive on March 2, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Pt Lower Lobe.

Due to Pneumococcic Infection

Due to

Other conditions Senility 108
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy No

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) None

(b) Date of occurrence

(c) Where did injury occur? No (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? No (e) Means of injury 0

23. Signature Pierce Wally (M. D. or other)

Address 6125 Barbara Date signed 3/2/44

844

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. P. Reilly,
6125 Bartmer Avenue
CA-5187

2 to 4 P.M.

2106

2106

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.