

S. No. 2
DOM-5-43
v. 5-17-39
I X36671

24020
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13396
Registrar's No. 3525

FILED APR 26 1944 318

Registration District No. Primary Registration District No. Registrar's No. 3525

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: St. Louis City Hospital
(d) Length of stay: In hospital or institution 1 day
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 2458 DeKalb St.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Anna Stewart
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 14th year 1944 hour 12:40 minute P. M.
21. I hereby certify that I attended the deceased from April 13th 1944 to April 14th 1944
that I last saw her alive on April 14th 1944 and that death occurred on the date and hour stated above.

4. Sex Female Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Dec. 9, 1885

Immediate cause of death Cerebral hemorrhage
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
PHYSICIAN Underline the cause to which death should be charged statistically.

8. AGE: Years 58 Months 4 Days 5 If less than one day hr. min.

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

10. Usual occupation at home
11. Industry or business
12. Name Frank Strauser
13. Birthplace Missouri (State or foreign country)
14. Maiden name Katie Kalvert (State or foreign country)
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Charles Stewart (b) Address 2458 DeKalb St.
17. (a) Burial (b) Date thereof 4/18/44 (c) Place: burial or cremation Festus Mo.
18. (a) Signature of funeral director Weick Bros. (b) Address 2201 S. Grand Bl.
19. (a) J. F. Brudeck (Date received local registrar's certificate) (Registrar's signature)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature (Date signed)

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.....

Samuel Stewart

..... Licensed Embalmer No. **3722**

..... P. O. Address **412 Duchouquette St**

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.