

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

State File No. ....

FILED JUN 3 1944

Registration District No. ....

Primary Registration District No. 4452

Registrar's No. ....

1. PLACE OF DEATH:

(a) County St Charles  
(b) City or town Wentzville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
In this community Life  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Helen Lucile Stewart  
3. (b) If veteran, name war .....  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May 3<sup>rd</sup>, year 1944 hour 5 minute 40 P.M.  
21. I hereby certify that I attended the deceased from Coroner's Request that I last saw him alive on and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ralph Stewart 6. (c) Age of husband or wife if alive 37 years  
7. Birth date of deceased. Aug 15 1913  
(Month) (Day) (Year)

Immediate cause of death .....  
Due to General Peritonitis  
Due to Infection from illegal abortion  
Other conditions (Include pregnancy within 3 months of death) .....  
Major findings: Of operations .....  
Of autopsy Yes, 140 d

8. AGE: Years Months Days If less than one day  
30 8 18 hr. min.  
9. Birthplace Matson Mo (City, town, or county) (State or foreign country)  
10. Usual occupation House Wife

MOTHER FATHER { 11. Industry or business .....  
12. Name William Zeyen  
13. Birthplace St Charles Co (City, town, or county) (State or foreign country)  
14. Maiden name Eula Chaney  
15. Birthplace Jackson Co, Mo (City, town, or county) (State or foreign country)

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?

16. (a) Informant W. Zeyen  
(b) Address Wentzville Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May, 6, 1944 (Month) (Day) (Year)  
(c) Place: burial or cremation Wentzville, Mo  
18. (a) Signature of funeral director Monn Munchang  
(b) Address Wentzville, Mo  
19. (a) 5/5/44 (Date received local registrar) (b) Spontus S. Foustell (Registrar's signature)

23. Signature A P Erich Schmidt (Specify type of place) (e) Means of injury 5  
Address St Charles Mo Date signed 5/7/44

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-2-44

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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 Mario Murdock

Licensed Embalmer No. 2461

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.**

No. 2B  
5-43  
1236930

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. June  
Registrar's No. \_\_\_\_\_

Registration District No. 305 Primary Registration District No. 4452

1. PLACE OF DEATH:  
(a) County Charleston  
(b) City or town Westonville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(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)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Charleston  
(c) City or town Westonville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Helen L. Stewart  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 15 year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug 15 (Month) (Day) (Year)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years 30 Months 8 Days \_\_\_\_\_ (Unless than one day) min.  
9. Birthplace (City, town, or county) \_\_\_\_\_ (State or foreign country) Mo.

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
12. Name \_\_\_\_\_  
13. Birthplace (City, town, or county) \_\_\_\_\_ (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace (City, town, or county) \_\_\_\_\_ (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_  
17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_  
18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_  
19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTARY

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

19004