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

FILED JUN 27 1944

Primary Registration District No. 6076

Registrar's No. 1306

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Manchester  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Pine Crest Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 yr. - 6 months  
In this community 1 yr. - 6 mo.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Manchester  
(If outside city or town limits, write "RURAL")  
(d) Street No. Manchester Road  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

John Stewart

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced UNKNOWN  
6. (b) Name of husband or wife UNKNOWN  
6. (c) Age of husband or wife if alive UNKNOWN years  
7. Birth date of deceased June 26 1882  
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 19  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace UNKNOWN Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation UNKNOWN

11. Industry or business UNKNOWN

MOTHER FATHER {  
12. Name UNKNOWN  
13. Birthplace UNKNOWN Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Russell Stewart  
(b) Address 2637 Hebert - St. Louis Mo.

17. (a) Burial (b) Date thereof 6-16-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director: Wylliam Brothers

(b) Address 2849 No. Euclid Ave.

19. (a) JUN 27 1944 (b) E. G. McGarran  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 14  
year 1944 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from February 2nd, 1944 June 14, 1944  
that I last saw him live on June 13, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

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

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

Other conditions Chronic Myocarditis  
(Include pregnancy within 3 months of death)

Major findings: 93d  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 R. W. Lauer (M. D. or other) \_\_\_\_\_  
Address Manchester Mo Date signed 6/14/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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 Eugene H. Sullivan

Licensed Embalmer No. 2930

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.**