V. S. No. 2
100M—8-43
Rev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1944

Registration District No. 12

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24167

Primary Registration District No. 1000

Registrar's No. 804

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2507 South 10th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2507 South 10th St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William F. Stewart

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Elizabeth

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 2, 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 1 If less than one day ___ hr. ___ min.

9. Birthplace Buchanan County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Standard Oil Co

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

MOTHER
14. Maiden name Lillie Smith
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Elizabeth Stewart
(b) Address 2507 South 10th St, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 8/7/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Auburn Cemetery

18. (a) Signature of funeral director Barry Funeral Home
(b) Address 224 So 10th St, St. Joseph, Mo.

19. (a) 8/7/44 (b) Helen I. Pickle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month August day 3
year 1944 hour 7 minute 10 M.

21. I hereby certify that I attended the deceased from Aug 2, 1944 to Aug 4, 1944
that I last saw him alive on Aug 2, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 day
following acute Influenza	2 day
Due to Hypertension	
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.

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Central Bldg Date signed 8/4/44

1877

(Licensed Embalmer's Statement on Reverse Side)

Da [illegible]

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 Mollie E. Siedenfaden M

Licensed Embalmer No. 4235

P. O. Address St. Joseph, 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.