

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Overland, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
8642 Hume  
 (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: St. Louis 96  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town Overland 13  
 (If outside city or town limits, write "RURAL") \_\_\_\_\_  
 (d) Street No. 8642 Hume  
 (If rural, give location) \_\_\_\_\_  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

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

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 21  
 year 1944 hour 9.50 P.M. minute \_\_\_\_\_ M. \_\_\_\_\_

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Edwin Stewart  
 6. (c) Age of husband or wife if alive 51 years  
 7. Birth date of deceased August 3, 1899  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1  
1944 to July 21, 1944  
 that I last saw her alive on July 20, 1944  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
44 11 18 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death:  
Cancer of Breast - 2 yrs

9. Birthplace Unknown France  
 (City, town, or county) (State or foreign country)

Duration \_\_\_\_\_  
 Due to ? \_\_\_\_\_  
 Due to ? \_\_\_\_\_

10. Usual occupation Housewife

Other conditions ?  
 (Include pregnancy within 5 months of death)

11. Industry or business \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

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)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Edwin Stewart  
 (b) Address 8642 Hume, Overland, Mo.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) no  
 (b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 7/25/44  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Memorial Park

(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? \_\_\_\_\_

18. (a) Signature of funeral director Edith E. Ambruster  
 (b) Address 4234 Manchester

(Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (c) Means of injury D  
 23. Signature Ray A. Waechter (M. D. or other) \_\_\_\_\_

19. (a) JUL 25 1944 (b) E. J. ...  
 (Date received local registrar) (Registrar's signature)

Address 2438 Woodson Rd. Date signed 7-24-44

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

96  
13  
1  
7-7-81-44

DEC 2 1947

JUL 31 1944

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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

*John Pette*

Licensed Embalmer No. 3880

P. O. Address.....

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.