

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 days  
(Specify whether years, months or days)  
 In this community 8 years

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

4. Sex Female 5. Color or race col. 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Jabe Stewart 6. (c) Age of husband or wife if alive 56 years  
 7. Birth date of deceased 6-12-1895  
(Month) (Day) (Year)

**8. AGE:** Years 49 Months 5 Days 23  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Louisville, Miss.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

**MOTHER FATHER** 12. Name Clint Crosby

13. Birthplace Louisville, Miss.  
(City, town, or county) (State or foreign country)

14. Maiden name Annie Johnson

15. Birthplace Louisville, Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant Jabe Stewart

(b) Address 1920 N. Whittier

17. (a) Burial (b) Date thereof 12-8-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director A. J. Walton

(b) Address 2707 Standard St.

19. (a) DEC 7 1948 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1920 Whittier  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month December day 4,  
 year 1944 hour 9 minute 25 A. M.  
November

21. I hereby certify that I attended the deceased from 27, 1944,  
December 4, 1944;  
 that I last saw her alive on December 4, 1944,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerotic Heart Disease  
 Duration Unk.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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 Alvin Mason (M. D. or other) \_\_\_\_\_  
 Address 2601 W. Whittier Date signed 12/4/44

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 Arthur L. Hilliard

Licensed Embalmer No 4221

P. O. Address 1154 Bayard 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.**