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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 15 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. \_\_\_\_\_  
Registrar's No. 10453

Registration District No. 318 Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4011 Greer ave  
(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

3. (a) PRINT FULL NAME Emma C. Stewart  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

4. Sex female  
5. Color or race white  
6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife Byron C Stewart  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased July 13, 1844  
(Month) (Day) (Year)

8. AGE: Years 99 Months 4 Days 23  
If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business at home

12. Name Chester Cambell

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

14. Maiden name unknown U.S.A.  
(City, town, or county) (State or foreign country)

15. Birthplace U.S.A.  
(City, town, or county) (State or foreign country)

16. (a) Informant Stewart Hoffman

(b) Address 4011 Greer ave

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

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director A. K. K. Co.

(b) Address 2707 N. Grand Bl'vd

19. (a) DEC 7 1944 J. F. Bredeok  
(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. 4011 Greer ave  
(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 6  
year 1944 hour 6 minute 40 p. M.

21. I hereby certify that I attended the deceased from Nov. 30, 1944 to Dec 6, 1944  
that I last saw her alive on Dec 6, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema  
Duration \_\_\_\_\_

Due to Chronic Myocarditis

Due to Myocardial Insufficiency

Other conditions Sanguinity  
(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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Wm. B. Rubenstein (M. D. or other)

Address 711 1/2 Easton Av Date signed 12-7-44

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..... *V E Morris* .....

Licensed Embalmer No..... *3360* .....

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.**