

S. No. 2  
OM-543  
ev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26179**  
Registrar's No. **7779**

**FILED** SEP 14 1945

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

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St Louis**  
(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 **5 days**  
In this community **50 yrs**  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **AC 0**  
(c) City or town **St Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2521 N Sarah St**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Allis Stuart**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife **Thomas Stuart** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **May 22 1890**  
(Month) (Day) (Year)

8. AGE: Years **55** Months **3** Days **9** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Paducah, Ky.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

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

12. Name **Unavailable Robinson**

13. Birthplace **Paducah, Ky.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Kate Hart**

15. Birthplace **Paducah, Ky.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Q. B. Massey**

(b) Address **2521 N. Sarah**

17. (a) **Burial** (b) Date thereof **9-6-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cemetery**

18. (a) Signature of funeral director **Chas. J. Gates**

(b) Address **4107 Finney Ave.**

19. (a) **SEP 5 1945** (b) *[Signature]*  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **1**  
year **1945** hour **6** minute **40** P.M.

21. I hereby certify that I attended the deceased from **August 27, 1945** to **September 1, 1945**, that I last saw her alive on **September 1, 1945** and that death occurred on the date and hour stated above.

Immediate cause of death **Chr Nephritis with Uremia**

Duration **Unk**

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

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? \_\_\_\_\_

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

23. Signature **B. F. Muryly** (M. D. or other) \_\_\_\_\_

Address **260 N. Webster St.** Date signed **9/1/45**

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

0  
17  
9

4-1-68

**STATEMENT BY LICENSED EMBALMER**

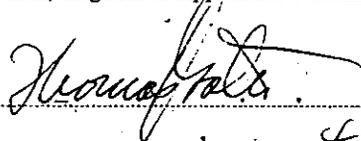
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Thomas J. Gates

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



..... Licensed Embalmer No..... 4239

..... P. O. Address..... 4007 7

**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.**