S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 20 1945

State File No. 28335

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 90

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution:
St. Joseph Hospital 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles 92

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

(d) Street No. R.F.D. 3 Box 173
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EMMA STEWART

3. (b) If veteran, name war

3. (c) Social Security No. —

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Frank Stewart

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased May (Month) 10 (Day) 1873 (Year)

8. AGE: Years 72 Months 2 Days 13 If less than one day hr. min.

9. Birthplace Black Walnut-St.Charles Co.Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

FATHER
12. Name Charles Wehmeier
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Grau
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Stewart Son
(b) Address R.F.D. 3, St.Charles, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 26-1945 (Month) (Day) (Year)
(c) Place: burial or cremation St. Francis Cemetery Portage des Sioux, Mo.

18. (a) Signature of funeral director W. C. Wallmeyer & Sons Co
(b) Address 801 N. 2nd-St.Charles, Mo.

19. (a) 7-24/1945 (Date received local registrar) (b) Ernst C. Paule (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1945 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from July 21, 1945 to July 23, 1945
that I last saw her alive on July 23, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 das.
Due to General Art Arterio Sclerosis	15 Yrs.
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 C. A. Damard (M. D. or other)
Address St Charles, Mo Date signed 7/24/45

1340

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number .....

Date Filed 8-16-45

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 E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles 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.